

COMMAND INSPECTION PROGRAM

EXCEPTIONS DOCUMENT

Page 1 of 3

Command: 285	Division: Valley	Chapter: 12
Inspected by: Sergeant Hofflander		Date: 04-30-2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level	Total hours expended on the inspection: 10 Hours	<input checked="" type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: Valley Division Due Date:	

Chapter Inspection: Occupational Safety Program

Inspector's Comments Regarding Innovative Practices:

NONE.

Command Suggestions for Statewide Improvement:

ONE.

Inspector's Findings:

1. The Area's quarterly Occupational Safety Meeting minutes were not being posted on the Occupational Safety Board.
2. The Area had not updated the CHP 442, *Individual Accident, Injury and Safety Recognition Record*.
3. There were several employees who had not completed the annual review of the CHP 712 A, *Injury and Illness Prevention Program Orientation and Review*.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Commander concurs with the inspector's findings.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

NONE.

Handwritten notes:
Not CHP 97
Signed
680A to area
for info
3/3/09
21

COMMAND INSPECTION PROGRAM
DEFICIENCIES DOCUMENT

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Command: 285	Division: Valley	Chapter: 12
Inspected by: Sergeant Hofflander		Date: 04-30-2009

Required Action

Corrective Action Plan/Timeline

The Yuba-Sutter Area noted and corrected three deficiencies during the recent Chapter 12 evaluation of the Area's Occupational Safety Program.

4. C (2). Prior to the inspection, the Area's quarterly Occupational Safety Meeting minutes were not being posted on the Occupational Safety Board. They are now being posted after each safety meeting.

5. I, 5. I (1), 5. I (2). The Area had not updated the CHP 442, *Individual Accident, Injury and Safety Recognition Record*, and the last safety recognition emblem summary was prepared in 2001. In order to correct the matter, a new binder was put together which contains all current CHP 442's. In addition, a new Excel spreadsheet was created to show when an employee is due for his/her next safety emblem.

6. a (5). There were several employees who had not completed the annual review of the CHP 712 A, *Injury and Illness Prevention Program Orientation and Review*. Those employees were directed to read the Injury and Illness Prevention Program and complete a CHP 712 A. All employees are now current.

COMMAND INSPECTION PROGRAM

RECEPTIONS DOCUMENT

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Command: 285	Division: Valley	Chapter: 12
Inspected by: Sergeant Hofflander		Date: 04-30-2009

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 4/30/09
	INSPECTOR'S SIGNATURE 	DATE 4-30-09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE  FOR M. CHAMPION	DATE 08/26/09

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY
CHP 453M (Rev. 5-06) OPI 009

AREA Yuba Sutter	DIVISION Valley	NUMBER 285
EVALUATED BY Sergeant B. Hofflander, ID 14337		DATE 04/06/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE 04/16/2009	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW 
		DATE 4/6/09	
1. GOALS AND ACCOMPLISHMENTS		EVALUATED Yes	ACTION REQUIRED No

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? ☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? ☐ Yes ☒ No

(3) Are injuries increasing? ☐ Yes ☒ No

(4) Why are they increasing/decreasing?

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION

EVALUATED Yes	ACTION REQUIRED No	CORRECTED
------------------	-----------------------	-----------

a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? Safety first, both in the field and within and around the office.

Correct minor problems/hazards immediately before they become large ones.

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	

a. Commander's method of identifying trends? Review of all CHP 270s, 121s, 208s, 113s, and 268s when applicable, to study trends.
Ascertains input from all employees to identify problems.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

b. What corrective action has the command taken when a trend has been identified? No current trends.

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED Yes	
a. What is the composition of the COSC? Comprised of Captain J. Young, Sergeant B. Hofflander, OSSI G. Nieto, Officer R. Barnett, Auto Technician T. Rockenstein.				
(1) Is there representation from each collective bargaining unit?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Management and supervisory representation?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Command Safety Coordinator assigned?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are committee assignments rotated?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC meetings held quarterly?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Do all committee members attend the meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do committee members understand their roles and responsibilities?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meetings minutes readily available?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are assignments given during Area meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Recording secretary appointed?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Are minutes included in IIPP file?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate current information and training regarding health and safety issues?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Does the command maintain an effective health and safety communications system?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED Yes	ACTION REQUIRED Yes
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED Yes
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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(5) Training documented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED	
a. Activities identified within command that may require exposure to hazardous conditions?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION SUPPLEMENT

CHP 454 (Rev. 5-06) OPI 009

SUBJECT: Area Management Evaluation Occupational Safety-Chapter 12 Inspection-CHP 453M

DATE: 04/14/2009

[illegible]

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 1 of 3

Command: Woodland	Division: Valley	Chapter: 12
Inspected by: Sergeant D. Seaman, #16370		Date: 05/12/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 2	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

The Woodland Area maintains and continually refines its Occupational Safety Program in order to remain in compliance with GISO 3203 and other applicable safety and health standards.

This includes the development of effective policies and procedures which will ensure a safe and healthy work environment for all employees. This program demonstrates the Area's commitment to reduce work related injuries and illness to the lowest possible level.

The Woodland Area plan also includes the mitigation of work related injuries through an effective return to work management program. The Area also utilizes sergeants to conduct accident and injury analysis in order to prevent repetitive injuries and collisions.

Command Suggestions for Statewide Improvement:

In 2007 -2008, the Woodland Area Occupational Safety Coordinator conducted an in-depth analysis of specific hazards that patrol officers could encounter (specific hazards are addressed in the Area's IIPP). After identifying these hazards, specific preemptive precautions were developed. These precautions include additional SROVT's (directly related to the Woodland Area), additional supervisory ride alongs, and open discussions during briefings/debriefings regarding any unusual encounter during the shift. This practice, which has proved successful in reducing injuries and collisions, could benefit commands statewide.

Inspector's Findings:

The Inspector found that the Woodland Area conformed to all the applicable health and safety requirements mandated by GISO 3203. Furthermore, the Woodland Area took innovation with enhancing the Departmental Occupational Safety Program by tailoring it to the specific potential hazards found within Yolo County.

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Command: Woodland	Division: Valley	Chapter: 12
Inspected by: Sergeant D. Seaman, #16370		Date: 05/12/2009

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

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Command: Woodland	Division: Valley	Chapter: 12
Inspected by: Sergeant D. Seaman, #16370		Date: 05/12/2009

Required Action
Corrective Action Plan/Timeline

N/A

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 5/14/09
	INSPECTOR'S SIGNATURE 	DATE 5/12/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 07/16/09

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

WOODLAND

AREA 280	DIVISION Valley	NUMBER
EVALUATED BY Sergeant Dan Seaman, #16370		DATE 05/12/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DATE	
<input type="checkbox"/> Correction Report BY _____		COMMANDER'S REVIEW Captain Iketani	05/12/2009
1. GOALS AND ACCOMPLISHMENTS		EVALUATED 05/12/2009	ACTION REQUIRED CORRECTED

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?

☒ Yes ☐ No

- (1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

- (4) Are goals appropriately categorized?

☒ Yes ☐ No

- (5) Are goals realistic?

☒ Yes ☐ No

- (6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

- (7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

- b. Are goals being accomplished?

☒ Yes ☐ No

- (1) Accurate reporting on CHP 113, Accident and Injury Report?

☒ Yes ☐ No

- (2) Are accidents increasing?

☐ Yes ☒ No

- (3) Are injuries increasing?

☐ Yes ☒ No

- (4) Why are they increasing/decreasing? The Woodland Area is actively participating in Supervisory ride-a-longs. During the ride-a-longs, Sergeants are discussing proper enforcement driving as well as evaluating the officer's skills. The Area is also stressing the importance of workplace safety and conducting investigations on all preventable injuries.

- (5) Is CHP 113, Accident and Injury Report, posted or readily accessible?

☒ Yes ☐ No

- (6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

- (7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No**2. PARTICIPATION**

EVALUATED 05/12/2009	ACTION REQUIRED	CORRECTED
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- a. Commander actively involved in program?

☒ Yes ☐ No

- (1) Commander active in injury/illness case management?

☒ Yes ☐ No

- (2) What is the commander's attitude regarding occupational safety? The Commander is committed to ensuring that all Woodland Area employees perform their jobs with safety in mind.

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS

EVALUATED

05/12/2009

ACTION REQUIRED

CORRECTED

a. Commander's method of identifying trends? The Commander evaluates all accident and injury trends to seek any methods of improvement. If a trend is identified, the Commander takes appropriate action to minimize any potential of recurrence.

(1) Are accidents and injuries being monitored to identify trends? ☒ Yes ☐ No

(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? ☒ Yes ☐ No

(3) Are personnel in the command aware of current and potential trends? ☒ Yes ☐ No

b. What corrective action has the command taken when a trend has been identified? Employees are briefed on the existence of a trend and every employee is trained on how to minimize any recurrence.

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)	EVALUATED 05/12/2009	ACTION REQUIRED	CORRECTED	
a. What is the composition of the COSC? The COSC is composed of The Area Commander, Occupational Safety Sergeant, front desk officer, ASM, Maintenance Worker, and OSS1				
(1) Is there representation from each collective bargaining unit?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Management and supervisory representation?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Command Safety Coordinator assigned?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are committee assignments rotated?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC meetings held quarterly?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Do all committee members attend the meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do committee members understand their roles and responsibilities?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meetings minutes readily available?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are assignments given during Area meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Recording secretary appointed?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are minutes included in IIPP file?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate current information and training regarding health and safety issues?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Does the command maintain an effective health and safety communications system?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED 05/12/2009	ACTION REQUIRED CORRECTED
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY
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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED 05/12/2009	ACTION REQUIRED	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED 05/12/2009	ACTION REQUIRED	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED 05/12/2009	ACTION REQUIRED	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

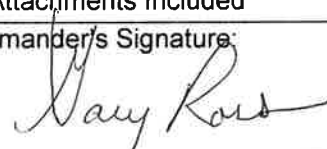
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(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED 05/12/2009	ACTION REQUIRED	CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Truckee	Division: Valley	Chapter: Chapter 12, Occupational Safety
Inspected by: Sergeant Steve Bryan, #10527		Date: 03/17/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans, and may be used to appeal findings. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		<input checked="" type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Appeal Included <input type="checkbox"/> Attachments Included	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Valley Division____ Due Date: 03/31/2009____	Commander's Signature: 	Date: 03/18/2009
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:

The first question on the CHP 453M, 1. Goals and Accomplishments, a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13. The current manual in the publications web site has only 11 chapters. The form needs to be up dated and coincide with the current Command Inspections Program.

Inspector's Findings:

1. a. The current manual in the publications web site has only 11 chapters.
4. a. (5) The Truckee area in the past has obtained personnel on duty to attend the COSC meetings, normally representing the different bargaining units.
4. a. (6) During 2008 the Truckee Area held two COSC meetings, one in the second quarter and one in the fourth quarter. Missed were the first and third quarters.
- a. (8) Not all personnel invited to attend the meetings would attend due to scheduling issues and no overtime allowed.

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Page 2

Command: Truckee	Division: Valley	Chapter: Chapter 3, Cal-Card Program
Inspected by: Sergeant Steve Bryan, #10527		Date: 11/28/2008

5. f. The Truckee Area has had no CHP 113B's completed by any employees in recent years

Commander's Response:

The Commander has had the Occupational Safety Committee Sergeant prepare a schedule of meetings for the 2009 year. The CSOC meetings are scheduled for March 18, 2009, May 5, 2009, August 18, 2009 and November 17, 2009. The Commander and the Occupational Safety Committee Sergeant have put together a COSC with the membership being for a period of one year. All of the bargaining units are represented in the CSOC.

Inspector's Comments:

The Area Commander upon learning of the above deficiencies immediately acted to correct them.

Required Action

Corrective Action Plan/Timeline

The above listed deficiencies were corrected immediately by the Area Commander. A schedule of CSOC has been established and all efforts will be made to have all members attend.

No further action necessary.

COMMAND INSPECTION PROGRAM

EXCEPTIONS DOCUMENT

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Command: Truckee	Division: Valley	Chapter: Chapter 3, Cal-Card Program
Inspected by: Sergeant Steve Bryan, #10527		Date: 11/28/2008

Appeal Process: *(Appeals shall be filed within five (5) business days of the completed chapter inspection).*

Commander's Basis for Appeal:

Appeal Review/Decision: *(This shall be the only level of appeal).*

Lead Inspector's Signature:	Date:
Responding Commander's Signature (for appeal):	Date:

AREA Truckee	DIVISION Valley	NUMBER 222
EVALUATED BY Sergeant Steve Bryan 10527		DATE 03/17/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		COMMANDER'S REVIEW <i>Harry Rose</i>	DATE 03/18/2009
BY _____		EVALUATED Yes	ACTION REQUIRED No
CORRECTED			

1. GOALS AND ACCOMPLISHMENTS

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☐ Yes ☒ No
- (1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No
- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No
- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No
- (4) Are goals appropriately categorized? ☒ Yes ☐ No
- (5) Are goals realistic? ☒ Yes ☐ No
- (6) Are goals consistent with departmental objectives? ☒ Yes ☐ No
- (7) Is input from all levels considered before goals are established? ☒ Yes ☐ No
- b. Are goals being accomplished? ☒ Yes ☐ No
- (1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No
- (2) Are accidents increasing? ☒ Yes ☐ No
- (3) Are injuries increasing? ☐ Yes ☒ No
- (4) Why are they increasing/decreasing? The areas recordable accidents are at 8 for the year with only 1 being preventable. Accidents trends go up or down in the area based on the number and intensity of storms.

- (5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No
- (6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No
- (7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION

EVALUATED Yes	ACTION REQUIRED No	CORRECTED
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- a. Commander actively involved in program? ☒ Yes ☐ No
- (1) Commander active in injury/illness case management? ☒ Yes ☐ No
- (2) What is the commander's attitude regarding occupational safety? The Truckee Area Commander is proactive with the Occ. Safety program. The Commander assigns area personnel to put together a Occ. Safety Posters and meetings on a regular basis.

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY
HP 453M (Rev. 5-06) OPI 009

(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS

	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
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- a. Commander's method of identifying trends? Review all employee injuries and all traffic accidents involving personnel both uniformed and non-uniformed driving state vehicles.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

- b. What corrective action has the command taken when a trend has been identified? Corrective measures are implemented and discussed at training days, briefings, and immediate actions taken when identified.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

(1) Are commanders, managers, and supervisors actively implementing corrective actions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)	EVALUATED Yes	ACTION REQUIRED Yes
	CORRECTED Yes	
a. What is the composition of the COSC? Sergeant, Captain, Dispatch, Clerical and ASM.		
(1) Is there representation from each collective bargaining unit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Management and supervisory representation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Command Safety Coordinator assigned?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are committee assignments rotated?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC meetings held quarterly?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Do all committee members attend the meetings?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do committee members understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meetings minutes readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are assignments given during Area meetings?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Recording secretary appointed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are minutes included in IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate current information and training regarding health and safety issues?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Does the command maintain an effective health and safety communications system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED Yes	ACTION REQUIRED No
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

HP 453M (Rev. 5-06) OPI 009

(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(5) Training documented?	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No	
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Employees trained on use and maintenance of equipment?	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Training documented?	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No	

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: TRACY	Division: VALLEY	Chapter: Ch. 12
Inspected by: SGT PAT WHITE		Date: April 1, 2009

Page 1 of 3

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 5 Hours	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: VALLEY Division Due Date:		
Chapter Inspection: 12			
Inspector's Comments Regarding Innovative Practices:			

Command doesn't incorporate any innovative practices related to occupational safety.

Command Suggestions for Statewide Improvement: none.

Inspector's Findings: Tracy Area through various media (briefings, 100 forms, and training days) keeps the entire command informed of ways to continue to make their working environments safer.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--

*Not signed by [unclear]
to area by [unclear]
on 7.21.09*

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2 of 3

Command: TRACY	Division: VALLEY	Chapter: Ch. 12
Inspected by: SGT PAT WHITE		Date: April 1, 2009

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: TRACY	Division: VALLEY	Chapter: Ch. 12
Inspected by: SGT PAT WHITE		Date: April 1, 2009

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Required Action
Corrective Action Plan/Timeline

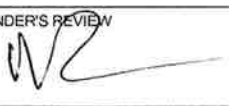
<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE <i>P. L. White for MERENITE</i>	DATE <i>6/2/09</i>
	INSPECTOR'S SIGNATURE	DATE
<input checked="" type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE <i>MT</i>	DATE <i>7/2/09</i>

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

AREA Tracy	DIVISION Valley	NUMBER 266
EVALUATED BY P.L. White		DATE 04/01/09

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 04/14/2009			
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW  DATE 4-10-09			
1. GOALS AND ACCOMPLISHMENTS		<table border="1"> <tr> <td>EVALUATED 04/01/2009</td> <td>ACTION REQUIRED No</td> <td>CORRECTED</td> </tr> </table>	EVALUATED 04/01/2009	ACTION REQUIRED No	CORRECTED
EVALUATED 04/01/2009	ACTION REQUIRED No	CORRECTED			

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?

☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

(4) Are goals appropriately categorized?

☒ Yes ☐ No

(5) Are goals realistic?

☒ Yes ☐ No

(6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

(7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

b. Are goals being accomplished?

☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report?

☒ Yes ☐ No

(2) Are accidents increasing?

☐ Yes ☒ No

(3) Are injuries increasing?

☐ Yes ☒ No

(4) Why are they increasing/decreasing?

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible?

☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No

2. PARTICIPATION

EVALUATED 04/01/09	ACTION REQUIRED No	CORRECTED
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a. Commander actively involved in program?

☒ Yes ☐ No

(1) Commander active in injury/illness case management?

☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? The commander is VERY proactive regarding occupational safety. She emphasis occ safety at all briefings she attends and during monthly staff meetings.

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AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY
CHP 453M (Rev. 5-06) OPI 009

(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED 4/1/09	ACTION REQUIRED No	CORRECTED
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a. Commander's method of identifying trends? Commander reviews and approves all paperwork regarding any accidents or injuries. She reviews and approves all quarterly Occupational Safety meeting minutes, as well as CHP 113 and OSHA 300, to identify trends.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

b. What corrective action has the command taken when a trend has been identified? Briefing items of concern and conducting ride alongs with the officers identified.

(1) Are commanders, managers, and supervisors actively implementing corrective actions? ☒ Yes ☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

EVALUATED
04/01/09

ACTION REQUIRED
No

CORRECTED

a. What is the composition of the COSC? Commander, Sgt, Auto Tech, clerical, motor officer, road officer, special duty officer.

(1) Is there representation from each collective bargaining unit? ☒ Yes ☐ No

(2) Management and supervisory representation? ☒ Yes ☐ No

(3) Command Safety Coordinator assigned? ☒ Yes ☐ No

(4) Command Safety Coordinator active and effective? ☒ Yes ☐ No

(5) Are committee assignments rotated? ☒ Yes ☐ No

(6) COSC meetings held quarterly? ☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained? ☐ Yes ☒ No

(8) Do all committee members attend the meetings? ☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP? ☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities? ☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting? ☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available? ☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings? ☒ Yes ☐ No

(5) Are assignments given during Area meetings? ☒ Yes ☐ No

c. Minutes prepared for the COSC meeting? ☒ Yes ☐ No

(1) Recording secretary appointed? ☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board? ☒ Yes ☐ No

(3) Are minutes included in IIPP file? ☒ Yes ☐ No

(4) Minutes maintained current year, plus three? ☒ Yes ☐ No

(5) Minutes forwarded through channels? ☒ Yes ☐ No

d. Is the COSC effective? ☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command? ☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries? ☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues? ☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety? ☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource? ☐ Yes ☒ No

g. Does the command maintain an effective health and safety communications system? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. DOCUMENTATION	EVALUATED 04/01/09	ACTION REQUIRED No
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED 04/01/09	ACTION REQUIRED No	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED 04/01/09	ACTION REQUIRED No	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED 04/01/09	ACTION REQUIRED No	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED 04/01/09	ACTION REQUIRED No	CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

AREA Tracy	DIVISION Valley	NUMBER 266
EVALUATED BY P.L. White		DATE 04/01/09

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 04/14/2009	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____ 	DATE 4-2-09
1. GOALS AND ACCOMPLISHMENTS		EVALUATED 04/01/2009	ACTION REQUIRED No CORRECTED

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?

☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

(4) Are goals appropriately categorized?

☒ Yes ☐ No

(5) Are goals realistic?

☒ Yes ☐ No

(6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

(7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

b. Are goals being accomplished?

☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report?

☒ Yes ☐ No

(2) Are accidents increasing?

☐ Yes ☒ No

(3) Are injuries increasing?

☐ Yes ☒ No

(4) Why are they increasing/decreasing?

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible?

☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No

2. PARTICIPATION

EVALUATED 04/01/09	ACTION REQUIRED No	CORRECTED
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a. Commander actively involved in program?

☒ Yes ☐ No

(1) Commander active in injury/illness case management?

☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? The commander is VERY proactive regarding occupational safety. She emphasis occ safety at all briefings she attends and during monthly staff meetings.

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS

EVALUATED

4/1/09

ACTION REQUIRED

No

CORRECTED

- a. Commander's method of identifying trends? Commander reviews and approves all paperwork regarding any accidents or injuries. She reviews and approves all quarterly Occupational Safety meeting minutes, as well as CHP 113 and OSHA 300, to identify trends.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. What corrective action has the command taken when a trend has been identified? Briefing items of concern and conducting ride alongs with the officers identified.		

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)	EVALUATED 04/01/09	ACTION REQUIRED No	CORRECTED
a. What is the composition of the COSC? Commander, Sgt, Auto Tech, clerical, motor officer, road officer, special duty officer.			
(1) Is there representation from each collective bargaining unit?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Management and supervisory representation?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Command Safety Coordinator assigned?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Are committee assignments rotated?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) COSC meetings held quarterly?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(8) Do all committee members attend the meetings?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Do committee members understand their roles and responsibilities?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meetings minutes readily available?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Are assignments given during Area meetings?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Recording secretary appointed?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are minutes included in IIPP file?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Minutes maintained current year, plus three?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Minutes forwarded through channels?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Is the COSC effective?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) COSC disseminate current information and training regarding health and safety issues?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
g. Does the command maintain an effective health and safety communications system?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. DOCUMENTATION	EVALUATED 04/01/09	ACTION REQUIRED No
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION
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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED 04/01/09	ACTION REQUIRED No	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED 04/01/09	ACTION REQUIRED No	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED 04/01/09	ACTION REQUIRED No	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

**AREA MANAGEMENT EVALUATION
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(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED 04/01/09	ACTION REQUIRED No	CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

COMMAND INSPECTION PROGRAM

EXCEPTIONS DOCUMENT

Page 1 of 2

Command: Stockton	Division: Valley	Chapter: 12
Inspected by: B. Languemi, Sgt. #11765		Date: 05/06/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 2	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:		
Due Date:			
Chapter Inspection: Area Occupational Safety			
Inspector's Comments Regarding Innovative Practices:			

The use of the CHP 113B is not used, instead the hazard is reported to a supervisor immediately so the hazard can be mitigated as soon as possible.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

Area is doing a good job with Occupational Safety as evidenced by the injury record.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

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COMMAND INSPECTION PROGRAM
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Command: Stockton	Division: Valley	Chapter: 12
Inspected by: B. Languemi, Sgt. #11765		Date: 05/06/2009

Required Action
Corrective Action Plan/Timeline

N/A.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE <i>J. W. D. L. for J. G. Diaz</i>	DATE 6-5-09
	INSPECTOR'S SIGNATURE <i>[Signature]</i>	DATE 6-4-09
<input checked="" type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE <i>[Signature]</i>	DATE 6/21/09

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

AREA Stockton	DIVISION Valley	NUMBER 265
EVALUATED BY B. Languemi, Sgt. #11765		DATE 05/06/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW	DATE
BY			

1. GOALS AND ACCOMPLISHMENTS

EVALUATED X	ACTION REQUIRED	CORRECTED
----------------	-----------------	-----------

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? ☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? ☐ Yes ☒ No

(3) Are injuries increasing? ☐ Yes ☒ No

(4) Why are they increasing/decreasing? Training (Briefing, CHP 100 forms, Training Days, 118's), Sergeant Ride-a-longs.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION

EVALUATED X	ACTION REQUIRED	CORRECTED
----------------	-----------------	-----------

a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? Active and visible Occupational Safety Program is essential to maintaining the healthy welfare of employees. Leads by example.

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS

EVALUATED

X

ACTION REQUIRED

CORRECTED

a. Commander's method of identifying trends? Review 121's and CAL OSHA log; discuss with employees, supervisors, and managers.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. What corrective action has the command taken when a trend has been identified? Training (Briefing, training days, staff meetings, counseling)		

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

EVALUATED

X

ACTION REQUIRED

CORRECTED

a. What is the composition of the COSC? A manager (Lt.), Supervisor (Sgt.), Uniformed field officer, Uniformed special duty officer, Clerical (OAI), Communications (PSDII), Janitor, ASM.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☐ Yes ☒ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☐ Yes ☒ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED X	ACTION REQUIRED CORRECTED
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED X	ACTION REQUIRED	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED X	ACTION REQUIRED	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED X	ACTION REQUIRED	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED X	ACTION REQUIRED CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

2. PARTICIPATION

c. (3): Employees are aware the Area has safety goals but do not know specific Area goals or achievements accomplished. This information will continue to be posted on the Occupational Safety Board and reinforced through training days, briefings, and staff meetings.

4. AREA OCCUPATIONAL SAFETY COMMITTEE

g. (1) and (2): Potential hazards have not been reported through the use of a CHP 113B, Hazard Report/Inspection. Employees have verbally notified supervisors or AOSC members of such hazards. The hazards, and respective action, are subsequently recorded in the AOSC minutes. This method appears to work very well; therefore, the use of the CHP113B will not be mandated.

COMMAND INSPECTION PROGRAM

EXCEPTIONS DOCUMENT

Page 1 of 2

Command: S. Sacramento	Division: Valley	Chapter: 12
Inspected by: Lieutenant L. Lopez		Date: 03/31/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 6	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: Valley Division Due Date: 04/30/2009		
Chapter Inspection: 12			
Inspector's Comments Regarding Innovative Practices: None.			

Command Suggestions for Statewide Improvement: None.

Inspector's Findings: 1. Command Occupational Safety Committee Bulletin Board not assigned to a specific individual. 2. Safety Recognition Emblem Award Summary not current.
--

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

COMMAND INSPECTION PROGRAM

EXCEPTIONS DOCUMENT

Page 2 of 2

Command: S. Sacramento	Division: Valley	Chapter: 12
Inspected by: Lieutenant L. Lopez		Date: 03/31/2009

Required Action

Corrective Action Plan/Timeline

1. The Command Occupational Safety Committee Bulletin Board is assigned to the Occupational Safety Sergeant.
2. Safety Recognition Emblem Award Summary is updated on a quarterly basis prior to each Training Day for presentation by the commander.


<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 05/01/2009
	INSPECTOR'S SIGNATURE 	DATE 05/01/2009
<input checked="" type="checkbox"/> Reviewer discussed this report with employee	REVIEWER'S SIGNATURE 	DATE 7/20/09
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur		

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

HP 453M (Rev. 5-06) OPI 009

AREA South Sacramento	DIVISION Valley	NUMBER 252
EVALUATED BY L.M. Lopez, #10335		DATE 03/31/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE May 1, 2009
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW  DATE 03/31/2009
1. GOALS AND ACCOMPLISHMENTS		EVALUATED 03/24/2009
		ACTION REQUIRED N/A
		CORRECTED

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☐ Yes ☒ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? ☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? ☐ Yes ☒ No

(3) Are injuries increasing? ☐ Yes ☒ No

(4) Why are they increasing/decreasing? The decrease is associated to continued training and follow-up.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION	EVALUATED 03/24/2009	ACTION REQUIRED N/A	CORRECTED
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a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? The commander maintains a proactive approach working with management team, training officer, rank-and-file, and nonuniform members to prevent, discuss, and resolve occupational safety issues. The commander oversees all COSC meetings and personally speaks about occupational safety issues at training days.

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS

EVALUATED

03/31/2009

ACTION REQUIRED

N/A

CORRECTED

a. Commander's method of identifying trends? The commander reviews occupational safety documentation and statistics (including:

DOSC/DOSC minutes and DACC meeting minutes, etc.), oversees COSC meeting discussions, receives feedback from uniform and nonuniform members, and personally works with the Training Officer to address identified issues.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

b. What corrective action has the command taken when a trend has been identified? Most recently, identified trends have included

inattention while driving enforcement vehicles which have been addressed in management team meeting, training days, and through supervisory discussions in briefings. Counseling and documentation has been instituted, as required.

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

EVALUATED
03/31/2009

ACTION REQUIRED
05/01/2009

CORRECTED

a. What is the composition of the COSC? The commander is actively involved in all COSC meetings and personally ensures attendance and participation by lieutenants, COSC sergeant, and representation from each uniform and nonuniform rank within the Area.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. DOCUMENTATION	EVALUATED 03/31/2009	ACTION REQUIRED 05/01/2009
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED 03/24/2009	ACTION REQUIRED N/A	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED 03/31/2009	ACTION REQUIRED N/A	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED 03/24/2009	ACTION REQUIRED N/A	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED 03/24/2009	ACTION REQUIRED N/A	CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: 246	Division: Valley	Chapter: 12
Inspected by: Lt. T. Malone		Date: 03-18-09

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans, and may be used to appeal findings. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Appeal Included <input type="checkbox"/> Attachments Included	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Valley Division Due Date: 04-15-09	Commander's Signature: 	Date: 03-18-09

Chapter Inspection:

Inspector's Comments Regarding Innovative Practices:

The South Lake Tahoe Area conducts Occupational Safety meetings quarterly on Area trainings days and includes all Area personnel as a members of the COSC. Time is used specifically to discuss occupational safety issues and items from the Division Occupational Safety meeting minutes. This method is a more effective use of time and involves all personnel assigned to the Area. There is no delay in personnel receiving important occupation safety information and allows everyone to have a voice in relation to occupational safety.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

The Area's Occupational Safety Coordinator is Sergeant David Jenkins, ID 14776, and has been assigned to this position since April 2008. Sergeant Jenkins is actively involved in the Area's Occupational Safety program by updating the IIPP and completing the CHP 113 on a quarterly basis.

The South Lake Tahoe Area was overwhelmingly compliant in the majority of the categories identified on the Area Management Evaluation, Chapter 12, Occupational Safety. A COSC agenda is pre-determined for the quarterly Command Occupational Safety Committee meetings and Division Occupation Safety minutes are discussed in detail. Although one of the Area sergeants is assigned to take notes, the Area has not been as diligent as possible, formally converting the meeting notes into meeting minutes, posting the meeting minutes and routinely sending them to Division.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2

Command: 246	Division: Valley	Chapter: 12
Inspected by: Lt. T. Malone		Date: 03-18-09

The CHP 113B, *Hazard Report/Inspection*, is utilized for reporting hazards or potential hazards by Area personnel. The CHP 113A, *Safety Inspection Checklist*, is also utilized conducting quarterly inspections in the categories of parking lots, fire protection, housekeeping, safety bulletin board, building entries-exits, equipment, automotive service and personal protective equipment. The injury and illness prevention program orientation and review has been conducted and the CHP 712A completed on an annual basis.

Commander's Response:

Inspector's Comments:

Required Action

Corrective Action Plan/Timeline

Command Occupational Safety Committee meeting minutes will be taken at the next COSC; the meeting minute notes will be formalized, posted on the Occupational Safety bulletin board, filed in the IIPP and sent to Valley Division.

COMMAND INSPECTION PROGRAM

EXCEPTIONS DOCUMENT

Page 3

Command: 246	Division: Valley	Chapter: 12
Inspected by: Lt. T. Malone		Date: 03-18-09

Appeal Process: *(Appeals shall be filed within five (5) business days of the completed chapter inspection).*

Commander's Basis for Appeal:

Appeal Review/Decision: *(This shall be the only level of appeal).*

Lead Inspector's Signature:

T. Malone

Date:

03-18-09

Bonding Commander's Signature (for appeal):

Date:

AREA 246	DIVISION Valley	NUMBER 12
EVALUATED BY Lt. T. Malone		DATE 03-18-09

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DATE 03-18-09	
<input type="checkbox"/> Correction Report BY _____		COMMANDER'S REVIEW	
1. GOALS AND ACCOMPLISHMENTS		EVALUATED Yes	ACTION REQUIRED No
			CORRECTED N/A

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?

☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

(4) Are goals appropriately categorized?

☒ Yes ☐ No

(5) Are goals realistic?

☒ Yes ☐ No

(6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

(7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

b. Are goals being accomplished?

☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report?

☒ Yes ☐ No

(2) Are accidents increasing?

☐ Yes ☒ No

(3) Are injuries increasing?

☐ Yes ☒ No

(4) Why are they increasing/decreasing? Accidents and injuries have not increased because we routinely discuss occupational safety in Area briefings and Area meetings to heighten awareness.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible?

☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No

2. PARTICIPATION

EVALUATED Yes	ACTION REQUIRED No	CORRECTED N/A
------------------	-----------------------	------------------

a. Commander actively involved in program?

☒ Yes ☐ No

(1) Commander active in injury/illness case management?

☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? Occupational Safety is extremely important to decrease injuries, illnesses and associated costs.

AREA MANAGEMENT EVALUATION

OCCUPATIONAL SAFETY

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(3) Occupational safety issues discussed at staff meetings and training days? ☒ Yes ☐ No

(4) Are safety issues in the meeting minutes? ☒ Yes ☐ No

(5) Commander comments regarding safety issues in performance evaluations? ☒ Yes ☐ No

(6) Does the commander ensure use of appropriate safety equipment? ☒ Yes ☐ No

b. Are managers/supervisors actively involved in the program? ☒ Yes ☐ No

(1) Are managers/supervisors involved in case management? ☒ Yes ☐ No

(2) Do they have the appropriate attitude? ☒ Yes ☐ No

(3) Are managers monitoring supervisors' progress and efforts to attain goals? ☒ Yes ☐ No

(4) Are supervisors monitoring employees' efforts? ☒ Yes ☐ No

(5) Do managers comment on safety issues in performance evaluations? ☒ Yes ☐ No

(6) Do supervisors comment on safety issues in performance evaluations? ☒ Yes ☐ No

(7) Do managers/supervisors ensure the use of proper safety equipment? ☒ Yes ☐ No

c. Are employees actively involved in the Occupational Safety Program? ☒ Yes ☐ No

(1) Are employees involved in their case management? ☒ Yes ☐ No

(2) Are employees knowledgeable about safety goals? ☒ Yes ☐ No

(3) Are they aware of the command's achievements? ☒ Yes ☐ No

(4) Are employees practicing safety while performing their duties? ☒ Yes ☐ No

(5) Are employees reporting unsafe conditions and/or work practices? ☒ Yes ☐ No

(6) Do employees work cooperatively to minimize hazards? ☒ Yes ☐ No

(7) Do employees offer suggestions to improve occupational safety? ☒ Yes ☐ No

(8) Is employee equipment properly used and maintained? ☒ Yes ☐ No

3. ACCIDENT AND INJURY TRENDS	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	N/A

a. Commander's method of identifying trends? The commander reviews the 113 and is made aware of all injuries, accidents, and equipment damage as well as exposures as soon as they happen.

(1) Are accidents and injuries being monitored to identify trends? ☒ Yes ☐ No

(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? ☒ Yes ☐ No

(3) Are personnel in the command aware of current and potential trends? ☒ Yes ☐ No

What corrective action has the command taken when a trend has been identified? No specific trends have been identified.

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

EVALUATED
Yes

ACTION REQUIRED
Yes

CORRECTED
Yes

a. What is the composition of the COSC? The commander conducts COSC meetings during Area training days and all the personnel assigned to the Area are Occupational Safety Committee members.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☐ Yes ☒ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☐ Yes ☒ No

(5) Minutes forwarded through channels?

☐ Yes ☒ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

Are outside agency safety programs utilized as a resource?

☐ Yes ☒ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

STATE OF CALIFORNIA
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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED Yes	ACTION REQUIRED Yes
		CORRECTED N/A
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED Yes	ACTION REQUIRED No
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. COMMUNICATION WITH DOSH	EVALUATED Yes	ACTION REQUIRED No
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED Yes	ACTION REQUIRED No
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(5) Training documented?

☒ Yes ☐ No

(6) Employees informed of their right to applicable medical and exposure information?

☒ Yes ☐ No**9. HAZARDOUS EXPOSURE CONTROL PROGRAMS**

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

N/A

a. Activities identified within command that may require exposure to hazardous conditions?

☒ Yes ☐ No

(1) Appropriate engineering and/or administrative controls implemented?

☒ Yes ☐ No

(2) Protective equipment provided in accordance with bargaining unit agreements?

☒ Yes ☐ No

(3) Employees trained on use and maintenance of equipment?

☒ Yes ☐ No

(4) Training documented?

☒ Yes ☐ No

Department of California Highway Patrol
AREA MANAGEMENT EVALUATION
Chapter 12
OCCUPATIONAL SAFETY

246 VALLEY
Area Division Number
Evaluated By T. MALONE Date 3-18-09

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed in the Summary Statement. The Summary Statement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Summary can be handwritten if desired.

Type of Evaluation		Suspense Date _____	
<input type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation			
Follow-up Required	<input type="checkbox"/> Correction Report		
<input type="checkbox"/> Yes <input type="checkbox"/> No	by _____	Commander's Review	Date
1. GOALS AND ACCOMPLISHMENTS		Evaluated	Action Required Corrected
a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Chapter 13?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are goals developed in accordance with departmental policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are illnesses and non-serious/non-traumatic injuries excluded from occupational safety goals?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are goals appropriately categorized?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are goals realistic?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Are goals consistent with departmental objectives?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is input from all levels considered before goals are established?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are goals being accomplished?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Accurate reporting on CHP 113?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are accidents increasing?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Are injuries increasing?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Why are they increasing/decreasing?		ACCIDENTS AND INJURIES HAVE NOT INCREASED BECAUSE WE DISCUSS OCC. SAFETY IN BRIEFINGS AND AREA MEETING TO HEIGHTEN AWARENESS	
(5) Is CHP 113 posted or readily accessible?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Are employees knowledgeable about goals and achievements?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are employees providing suggestions toward goal attainment?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION
Chapter 12
OCCUPATIONAL SAFETY

2. PARTICIPATION	Evaluated	Action Required	Corrected
a. Commander actively involved in program?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Commander active in injury/illness case management?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) What is the commander's attitude regarding occupational safety?			<i>OC. SAFETY IS EXTREMELY IMPORTANT TO DECREASE INCIDENTS AND COSTS.</i>
(3) Occupational safety issues discussed at staff meetings and training days?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Do they have the appropriate attitude?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are employees involved in their case management?			<i>THEIR OWN</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are they aware of the command's achievements?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(8) Is employees' equipment properly used and maintained?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. ACCIDENT AND INJURY TRENDS	Evaluated	Action Required	Corrected
a. Commander's method of identifying trends?			<i>THE COMMANDER REVIEW THE IIR AND IS MADE</i>

AREA MANAGEMENT EVALUATION
Chapter 12
OCCUPATIONAL SAFETY

AWARE OF ALL INJURIES, ACCIDENTS, AND EQUIPMENT DAMAGE AS WELL AS EXPOSURES.

(1) Are accidents and injuries being monitored to identify trends? ☒ Yes ☐ No

(2) Is the Occupational Safety Committee reviewing CHP 113, OSHA 200 Log entries, prior meeting minutes? ☒ Yes ☐ No

(3) Are personnel in the command aware of current and potential trends? ☒ Yes ☐ No

b. What corrective action has the command taken when a trend has been identified? NO SPECIFIC TRENDS HAVE BEEN IDENTIFIED.

(1) Is commander, the managers, supervisors, actively implementing corrective actions? NO ACTIONS HAVE BEEN ☐ Yes ☒ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

Evaluated

Action Required

Corrected

a. What is the composition of the COSC?

THE COMMAND HAS COSC MEETINGS AT AREA TRAINING DAYS AND THE ENTIRE SQUAD IS THE COMPOSITION

(1) Is there representation from each collective bargaining unit? ☒ Yes ☐ No

(2) Management and supervisory representation? ☒ Yes ☐ No

(3) Command Safety Coordinator assigned? ☒ Yes ☐ No

(4) Command Safety Coordinator active and effective? ☒ Yes ☐ No

(5) Are Committee assignments rotated? ALL EMPLOYEES ARE MEMBERS ☐ Yes ☒ No

(6) COSC meetings held quarterly? ☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained? THEY HAVE NOT OCCURRED ☐ Yes ☐ No

(8) Do all Committee members attend the meetings? ☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with RPP? ☒ Yes ☐ No

(1) Do Committee members understand their roles and responsibilities? ☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting? ☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meeting minutes readily available? ☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings? ☒ Yes ☐ No

(5) Are assignments given during Area meetings? ☒ Yes ☐ No

c. Minutes prepared for the COSC meeting? ☒ Yes ☐ No

(1) Recording secretary appointed? ☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION
Chapter 12
OCCUPATIONAL SAFETY

(3) Are minutes included in IIPP file?	<i>SOME OF THEM</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Minutes maintained current year, plus three?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Minutes forwarded through channels?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Is the COSC effective?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate current information and training regarding health and safety issues?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Does the command maintain an effective health and safety communications system?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Potential hazards reported on CHP 113B?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are findings of the 113B report disseminated according to policy?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Required posters prominently displayed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<i>SGT. JENKINS</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	Evaluated	Action Required	Corrected
a. STD 261s completed annually and filed in employee's field folder?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. DMV INF 254 utilized to request driver's license record check and filed in the employee's field folder?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. OSHA 200 Log utilized?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are required injuries and illnesses logged?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Retention according to policy?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Previous calendar year Log posted during February?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Are CHP 113s compiled accurately?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Commander review and sign?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

AREA MANAGEMENT EVALUATION

Chapter 12

OCCUPATIONAL SAFETY

(2) CHP 113s and attachments processed in timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
a. Does the command utilize the CHP 113A?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semi-annual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days? <i>IF CARS ALLOW!</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days? <i>IF CARS ALLOW!</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series forms thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is CHP 208 form thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisor comments in-depth, clear and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. Are injuries and accidents documented on CHP 442?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are CHP 442s current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are CHP 712As kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is specific safety training documented on CHP 712?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. INJURY AND ILLNESS PREVENTION PROGRAM	Evaluated	Action Required
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Each employee completed CHP 712A?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION
Chapter 12
OCCUPATIONAL SAFETY

(6) New employees review and complete CHP 712A?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are unsafe hazards or conditions identified, investigated, corrected and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. COMMUNICATION WITH DOSH	Evaluated	Action Required
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. HAZARDOUS SUBSTANCE PROGRAM	Evaluated	Action Required
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	Evaluated	Action Required
a. Activities identified within command that may require exposure to hazardous conditions?	<i>POTENTIAL SPILL ON HWY.</i>	
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

COMMAND INSPECTION PROGRAM

EXCEPTIONS DOCUMENT

Page 1 of 3

Command: San Andreas	Division: Valley	Chapter: 12
Inspected by: Officer C. Parsons #9310		Date: 03/10/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 8	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date: 04/15/2009		

Chapter Inspection:

Inspector's Comments Regarding Innovative Practices:

Policy is followed per HPM 10.6, Occupational Safety Manual. All uniformed and non-uniformed personnel are members of the San Andreas Area Command Occupational Safety Committee.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

The Area is very committed to occupational safety, policy is understood and followed by all, and there are no discernable deficiencies in procedures.

Commander's Response: ☐ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2 of 3

Command: San Andreas	Division: Valley	Chapter: 12
Inspected by: Officer C. Parsons #9310		Date: 03/10/2009

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT
Page 3 of 3

Command: San Andreas	Division: Valley	Chapter: 12
Inspected by: Officer C. Parsons #9310		Date: 03/10/2009

Required Action
Corrective Action Plan/Timeline


<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 5/13/09
	INSPECTOR'S SIGNATURE 	DATE 5/13/09
<input checked="" type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 7/21/09

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY

P 453M (Rev. 5-06) OPI 009

AREA 255	DIVISION Valley	NUMBER 255-09-001
EVALUATED BY C. Parsons #9310		DATE 03-10-2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW 	DATE 3/10/09
BY _____			

1. GOALS AND ACCOMPLISHMENTS

EVALUATED Yes	ACTION REQUIRED No	CORRECTED
------------------	-----------------------	-----------

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?

☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

(4) Are goals appropriately categorized?

☒ Yes ☐ No

(5) Are goals realistic?

☒ Yes ☐ No

(6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

(7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

b. Are goals being accomplished?

☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report?

☒ Yes ☐ No

(2) Are accidents increasing?

☐ Yes ☒ No

(3) Are injuries increasing?

☐ Yes ☒ No

(4) Why are they increasing/decreasing? Refer to narrative.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible?

☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No

2. PARTICIPATION

EVALUATED Yes	ACTION REQUIRED No	CORRECTED
------------------	-----------------------	-----------

a. Commander actively involved in program?

☒ Yes ☐ No

(1) Commander active in injury/illness case management?

☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? Refer to narrative.

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

P 453M (Rev. 5-06) OPI 009

(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDSEVALUATED
YesACTION REQUIRED
No

CORRECTED

a. Commander's method of identifying trends? Refer to narrative.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. What corrective action has the command taken when a trend has been identified? Refer to narrative.		

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

IP 453M (Rev. 5-06) OPI 009

(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No**4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)**

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

a. What is the composition of the COSC? Refer to narrative.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED Yes	ACTION REQUIRED No
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(5) Training documented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED	
a. Activities identified within command that may require exposure to hazardous conditions?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Refer to attached narrative.

**Area Management Evaluation – Occupational Safety
Chapter 12**

1. GOALS AND ACCOMPLISHMENTS

B. (4) Currently, there are too few recordable accidents or disabling injuries to identify a true trend indicating an increase in the statistics. There are no identifiable indicators that reveal Area personnel are not remaining cognizant of the Area goals and maintaining a high level of awareness to insure accidents and injuries are prevented.

2. Participation

A.(2) The Area Commander endears the area personnel with a positive and supportive environment to promote a unified effort to insure the Area personnel work to maintain occupational safety and awareness in addition to meeting annual goals. The Area Commander is committed to departmental occupational safety goals and programs.

3. ACCIDENT AND INJURY TRENDS

A. The Area Commander monitors and reviews all reported injuries and accidents. The Commander communicates with Area supervisors to determine if any trends are occurring within the area that are not identifiable thru statistical analysis. The Commander reviews all related documentation, logs, and reports, including; CHP 270, CHP 121, CHP 121D, CHP 113, OSHA 300 log, and any written or verbal employee comments or suggestions that will assist in identifying trends or patterns.

B. Based on a review of current and past area documentation including CHP 270's, CHP 121's, CHP 121D's, the CHP 113 and OSHA 300 log, there is not an identifiable trend indicating an increase in accidents or injuries.

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

A. The Area Commander is the Chairman of the COSC. A sergeant is assigned as the Area Coordinator of the COSC. All uniformed personnel assigned to the Area are members of the COSC. All non-uniformed personnel assigned to the Area are members of the COSC.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: 214 - Sacramento CC	Division: 201 - Valley	Chapter: 12
Inspected by: Segeant R. Obregon, 9652/PSDSI T. Howell, A8811		Date: 03/12/2009

Page 1 of 2

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Valley Division Due Date: 03/31/2009		
Chapter Inspection: Chapter 12 – Occupational Safety			
Inspector's Comments Regarding Innovative Practices:			

None.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

In response to a Comm-Net Message dated January 9, 2009, Sacramento Communications Center conducted a Division selected inspection of their occupational safety program to ensure compliance with departmental policy. No discrepancies were noted.

The following documents were completed as part of this inspection:

- Exceptions Document
- Occupational Safety Inspection Checklist

Commander's Response: ☐ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

None.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

N/A

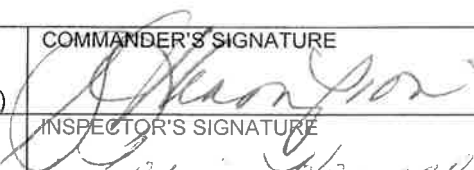

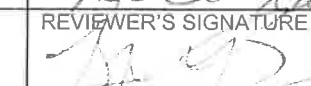
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

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Inspected by: Segeant R. Obregon, 9652/PSDSI T. Howell, A8811		Date: 03/12/2009

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Required Action
Corrective Action Plan/Timeline

N/A

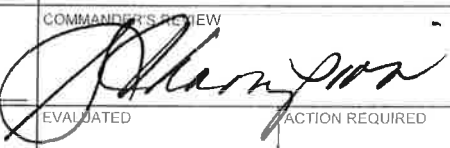
<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 03/17/2009
	INSPECTOR'S SIGNATURE 	DATE 3/17/09
<input checked="" type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 3/12/09

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

AREA 214 - SCC	DIVISION Valley	NUMBER
EVALUATED BY R. R. Obregon, 9652 / T. Howell, A08811		DATE 03/12/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DATE 03.17.09	
<input type="checkbox"/> Correction Report		COMMANDER'S REVIEW 	
BY		EVALUATED	ACTION REQUIRED
			CORRECTED

1. GOALS AND ACCOMPLISHMENTS

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? ☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? ☐ Yes ☒ No

(3) Are injuries increasing? ☐ Yes ☒ No

(4) Why are they increasing/decreasing? All SCC employees review and are briefed with Occupational Safety information on a regular basis via shift briefings and training days. Upon review of the most recent (last 5 years) Occupational Safety statistics, Sacramento Communications Center (SCC) has met or exceeded occupational goals each year.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION

a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? The Commander expects that the various units working in the SCC facility shall be represented at the Quarterly Occupational Safety Meetings. The Commander ensures all departmental issues and information be provided to employees through unit representation and via the quarterly meetings and shift briefings.

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS

EVALUATED

ACTION REQUIRED

CORRECTED

a. Commander's method of identifying trends?	The Commander and Occupational Safety Committee discuss the status of injury/illness cases in the facility in general terms. Job related duties, including repetitive type body movements, and conditions of shared and CHP specific work areas are discussed and considered prior to posting shift briefings and/or training that would address these issues. These discussions occur on an as needed and quarterly basis.		
(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. What corrective action has the command taken when a trend has been identified?	Discussions on these matters depend upon the issue at hand and types of injuries and/or illnesses. Equipment, environment, workplace habits, and proper body mechanics (ergonomics) are all options reviewed by command staff when addressing trends in the SCC workplace environment.		

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No**4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)**

EVALUATED

ACTION REQUIRED

CORRECTED

a. What is the composition of the COSC? The COSC is comprised of the following uniform and non-uniform personnel: Captain

Champion, Lt. DePaola, PSDSI Carr, Sergeant Obregon (Command Safety Coordinator), PSDSI Snow, OSSJ Jauregui, Officer Schroeder, PSDII Jewell, and PSDI Franklin.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

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(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED	ACTION REQUIRED
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b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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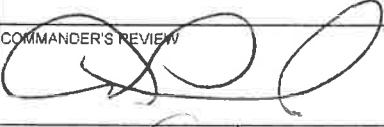

(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED	ACTION REQUIRED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. COMMUNICATION WITH DOSH	EVALUATED	ACTION REQUIRED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED	ACTION REQUIRED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED	ACTION REQUIRED
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Hazardous materials stored at the SCC facility are kept in three separate rooms. These rooms allow very limited access to SCC personnel. The SCC facility is home to two other agencies (Department of General Services (DGS) and Caltrans. The aforementioned rooms, and the materials stored in them, are only readily available to DGS and Caltrans "specified" employees who have the responsibility of maintaining the facility in good working order. CHP uniform personnel have access to these rooms, for security purposes only, but do not work in or around these rooms on a regular basis. There are no non-uniformed personnel that either have access or have the necessity to have access to these designated rooms. The materials are identified and maintained per Cal OSHA/federal standards.

AREA 214 - SCC	DIVISION Valley	NUMBER
EVALUATED BY R. R. Obregon/T. Howell		DATE 03/12/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW 	DATE 5/11/09
BY		EVALUATED 	ACTION REQUIRED No
1. GOALS AND ACCOMPLISHMENTS		CORRECTED	

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?

☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

(4) Are goals appropriately categorized?

☒ Yes ☐ No

(5) Are goals realistic?

☒ Yes ☐ No

(6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

(7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

b. Are goals being accomplished?

☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report?

☒ Yes ☐ No

(2) Are accidents increasing?

☐ Yes ☒ No

(3) Are injuries increasing?

☐ Yes ☒ No

(4) Why are they increasing/decreasing? All SCC employees review and are briefed with Occupational Safety information on a regular basis via shift briefings and training days. Upon review of the most recent (last 5 years) Occupational Safety statistics, Sacramento Communications Center (SCC) has met or exceeded occupational goals each year.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible?

☒ Yes ☐ No


(6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No

2. PARTICIPATION

EVALUATED 	ACTION REQUIRED No	CORRECTED
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a. Commander actively involved in program?

☒ Yes ☐ No

(1) Commander active in injury/illness case management?

☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? The Commander expects that the various units working in the SCC facility shall be represented at the Quarterly Occupational Safety Meetings. The Commander ensures all departmental issues and information be provided to employees through unit representation and via the quarterly meetings and shift briefings.

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS

EVALUATED

ACTION REQUIRED

CORRECTED

a. Commander's method of identifying trends? The Commander and Occupational Safety Committee discuss the status of injury/illness cases in the facility in general terms. Job related duties, including repetitive type body movements, and conditions of shared and CHP specific work areas are discussed and considered prior to posting shift briefings and/or training that would address these issues. These discussions occur on an as needed and quarterly basis.		
(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. What corrective action has the command taken when a trend has been identified? Discussions on these matters depend upon the issues at hand and types of injuries and/or illnesses. Equipment, environment, workplace habits, and proper body mechanics (ergonomics) are all options reviewed by command staff when addressing trends in the SCC workplace environment.		

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(1) Are commanders, managers, and supervisors actively implementing corrective actions? ☒ Yes ☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

EVALUATED

ACTION REQUIRED

CORRECTED

a. What is the composition of the COSC? The COSC is comprised of the following uniform and non-uniform personnel: Captain

Champion, Lt. DePaola, PSDSII Carr, Sergeant Obregon (Command Safety Coordinator), PSDSI Snow, OSSI Jauregui, Officer Schroeder, PSDII Jewell, and PSDI Franklin.

(1) Is there representation from each collective bargaining unit? ☒ Yes ☐ No

(2) Management and supervisory representation? ☒ Yes ☐ No

(3) Command Safety Coordinator assigned? ☒ Yes ☐ No

(4) Command Safety Coordinator active and effective? ☒ Yes ☐ No

(5) Are committee assignments rotated? ☒ Yes ☐ No

(6) COSC meetings held quarterly? ☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained? ☒ Yes ☐ No

(8) Do all committee members attend the meetings? ☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP? ☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities? ☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting? ☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available? ☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings? ☒ Yes ☐ No

(5) Are assignments given during Area meetings? ☒ Yes ☐ No

c. Minutes prepared for the COSC meeting? ☒ Yes ☐ No

(1) Recording secretary appointed? ☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board? ☒ Yes ☐ No

(3) Are minutes included in IIPP file? ☒ Yes ☐ No

(4) Minutes maintained current year, plus three? ☒ Yes ☐ No

(5) Minutes forwarded through channels? ☒ Yes ☐ No

d. Is the COSC effective? ☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command? ☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries? ☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues? ☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety? ☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource? ☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

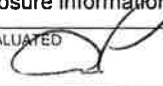
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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED 	ACTION REQUIRED 
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED <i>JP</i>	ACTION REQUIRED <i>NO</i>	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED <i>JP</i>	ACTION REQUIRED <i>NO</i>	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED <i>JP</i>	ACTION REQUIRED <i>NO</i>	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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(5) Training documented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED 	ACTION REQUIRED <i>No</i>	CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Hazardous materials stored at the SCC facility are kept in three separate rooms. These rooms allow very limited access to SCC personnel. The SCC facility is home to two other agencies (Department of General Services (DGS) and Caltrans. The aforementioned rooms, and the materials stored in them, are only readily available to DGS and Caltrans "specified" employees who have the responsibility of maintaining the facility in good working order. CHP uniform personnel have access to these rooms, for security purposes only, but do not work in or around these rooms on a regular basis. There are no non-uniformed personnel that either have access or have the necessity to have access to these designated rooms. The materials are identified and maintained per Cal OSHA/federal standards.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: 260	Division: VALLEY	Chapter: 12
Inspected by: W. FERRERO		Date: 3/10/09

Page 1 of 2

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 1	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:

Inspector's Findings:

Commander's Response: ☐ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

SEE ATTACHED MEMO OUTLINING CORRECTIVE ACTION.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, tc.)

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2 of 2

Command: 260	Division: VALLEY	Chapter: 12
Inspected by: K. FREED		Date: 3/10/09

Required Action

Corrective Action Plan/Timeline

- AN AOSC HAS BEEN ESTABLISHED AND QUARTERLY MEETINGS ARE SCHEDULED.
- AREA OCCUPATIONAL SAFETY GOALS HAVE BEEN CREATED.
- AN AREA EAP IS CURRENTLY IN ITS FINAL STAGE OF REVIEW.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 5/29/09
	INSPECTOR'S SIGNATURE 	DATE 5/29/09
<input type="checkbox"/> Reviewer discussed this report with employee	REVIEWER'S SIGNATURE 	DATE 7/21/09
<input checked="" type="checkbox"/> Concur	<input type="checkbox"/> Do not concur	

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AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY
CHP 453M (Rev. 5-06) OPI 009

AREA	DIVISION	NUMBER
Rancho Cordova Area	Valley	260
EVALUATED BY	DATE	
Greg Ferrero	3/10/09	

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION		SUSPENSE DATE
<input type="checkbox"/> Formal Evaluation	<input checked="" type="checkbox"/> Informal Evaluation	4/1/09
FOLLOW-UP REQUIRED		COMMANDER'S REVIEW
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Correction Report	DATE 3/10/09
BY		EVALUATED
		3/10/09
		ACTION REQUIRED
		yes
		CORRECTED

1. GOALS AND ACCOMPLISHMENTS

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No
- (1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No
- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No
- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No
- (4) Are goals appropriately categorized? ☒ Yes ☐ No
- (5) Are goals realistic? ☒ Yes ☐ No
- (6) Are goals consistent with departmental objectives? ☒ Yes ☐ No
- (7) Is input from all levels considered before goals are established? ☒ Yes ☐ No
- b. Are goals being accomplished? ☐ Yes ☐ No
- (1) Accurate reporting on CHP 113, Accident and Injury Report? ☐ Yes ☐ No
- (2) Are accidents increasing? ☐ Yes ☐ No
- (3) Are injuries increasing? ☐ Yes ☐ No
- (4) Why are they increasing/decreasing? There is no baseline for statistics from previous years.

- (5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No
- (6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No
- (7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION

EVALUATED	ACTION REQUIRED	CORRECTED
3/10/09	No	

- a. Commander actively involved in program? ☒ Yes ☐ No
- (1) Commander active in injury/illness case management? ☒ Yes ☐ No
- (2) What is the commander's attitude regarding occupational safety? Occupational Safety for the employees is my number one priority.

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS

EVALUATED
3/10/09

ACTION REQUIRED
No

CORRECTED

- a. Commander's method of identifying trends? The commander will personally review and discuss all accidents and injuries with the employee and the supervisors.

(1) Are accidents and injuries being monitored to identify trends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. What corrective action has the command taken when a trend has been identified?		

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☐ Yes ☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

EVALUATED

3/10/09

ACTION REQUIRED

Yes

CORRECTED

a. What is the composition of the COSC?

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☐ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☐ Yes ☐ No

(8) Do all committee members attend the meetings?

☐ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☐ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☐ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☐ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☐ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☐ Yes ☐ No

(5) Are assignments given during Area meetings?

☐ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☐ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☐ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☐ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☐ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☐ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☐ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☐ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☐ Yes ☐ No

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED 3/10/09	ACTION REQUIRED Yes
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED 3/9/09	ACTION REQUIRED Yes	CORRECTED
a. Command specific IIPP on file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(1) Is the program effective?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED 3/10/09	ACTION REQUIRED No	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED 3/9/09	ACTION REQUIRED No: Division	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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(5) Training documented?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED 3/9/09	ACTION REQUIRED No	CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

RANCHO CORDOVA AREA
2009 OCCUPATIONAL SAFETY GOALS

GOAL: MINIMIZE ACCIDENTS, INJURIES, AND ATTENDANT COSTS.

- | | |
|---|---|
| 1. Preventable recordable automobile collisions | 1 |
| 2. Preventable recordable motorcycle collisions | 1 |
| 3. Preventable disabling injuries | 1 |
| 4. All accidental discharges of weapons | 0 |

Since Rancho Cordova is a new Area, the following goals are based on goals submitted from other Areas in Valley Division with comparable staffing levels.

Preventable Recordable Automobile Collisions: To experience **no more than one** preventable automobile collision.

The Area believes a goal of one preventable automobile collision is realistic and achievable through consistent reinforcement of safety awareness.

Preventable Recordable Motorcycle Collisions: To experience **no more than one** preventable motorcycle collision.

The Area believes a goal of one preventable motorcycle collision is realistic and achievable through consistent reinforcement of safety awareness.

Preventable Disabling Injuries: To experience **no more than one** preventable traumatic disabling injury.

Area supervision is routinely reminding officers about the importance of working safely which will help the Area attain its goal.


Accidental Discharge of Weapons: To experience no accidental discharge of weapons.

The Area believes a goal of no accidental discharges of weapons to be attainable.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Placerville	Division: Valley	Chapter: 12
Inspected by: R. D. McAuliffe, Sgt. 9399		Date: 03/20/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans, and may be used to appeal findings. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Appeal Included <input checked="" type="checkbox"/> Attachments Included	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Valley Division Due Date: 05/01/2009	Commander's Signature: 	Date: 05/01/2009

Chapter Inspection: **Twelve-Occupational Safety**

Inspector's Comments Regarding Innovative Practices:

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

There were no deficiencies found during the evaluation.

Required Action

Corrective Action Plan/Timeline

There are no corrective actions required.

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COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

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Command: Placerville	Division: Valley	Chapter: 12
Inspected by: R. D. McAuliffe, Sgt. 9399		Date: 03/20/2009

Appeal Process: *(Appeals shall be filed within five (5) business days of the completed chapter inspection).*

Placerville Area Commander's Basis for Appeal:

Appeal Review/Decision: *(This shall be the only level of appeal).*

Lead Inspector's Signature:

Date:

Responding Commander's Signature (for appeal):

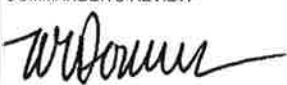
Date:

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

AREA 245	DIVISION Valley	NUMBER
EVALUATED BY R.D.McAuliffe, Sgt. 9399		DATE 03/20/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 03/10/2009	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Correction Report BY 	DATE 03/20/2009
1. GOALS AND ACCOMPLISHMENTS		EVALUATED 03/20/2009	ACTION REQUIRED CORRECTED

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? ☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? ☐ Yes ☒ No

(3) Are injuries increasing? ☐ Yes ☒ No

(4) Why are they increasing/decreasing? Static average number s from last 3 years

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION		EVALUATED 03/18/2009	ACTION REQUIRED	CORRECTED
a. Commander actively involved in program?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(1) Commander active in injury/illness case management?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(2) What is the commander's attitude regarding occupational safety?		Keep everyone aware of all aspects of Occupational Safety.		

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED	ACTION REQUIRED	CORRECTED
	3/15/2009		

a. Commander's method of identifying trends? Stat Analysis, review Officer's 415's and 100 forms, continuous attendance at community meetings, and staff meetings.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
What corrective action has the command taken when a trend has been identified?		

AREA MANAGEMENT EVALUATION **OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes

☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

EVALUATED
3/12/2009

ACTION REQUIRED

CORRECTED

a. What is the composition of the COSC? Clerical, Special Duty, Road/Field Officers, and Supervisors.

(1) Is there representation from each collective bargaining unit?

☒ Yes

☐ No

(2) Management and supervisory representation?

☒ Yes

☐ No

(3) Command Safety Coordinator assigned?

☒ Yes

☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes

☐ No

(5) Are committee assignments rotated?

☒ Yes

☐ No

(6) COSC meetings held quarterly?

☒ Yes

☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes

☐ No

(8) Do all committee members attend the meetings?

☒ Yes

☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes

☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes

☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes

☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes

☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes

☐ No

(5) Are assignments given during Area meetings?

☒ Yes

☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes

☐ No

(1) Recording secretary appointed?

☒ Yes

☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes

☐ No

(3) Are minutes included in IIPP file?

☒ Yes

☐ No

(4) Minutes maintained current year, plus three?

☒ Yes

☐ No

(5) Minutes forwarded through channels?

☒ Yes

☐ No

d. Is the COSC effective?

☒ Yes

☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes

☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes

☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes

☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes

☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes

☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes

☐ No

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED 3/17/2009	ACTION REQUIRED
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED 3/13/2009	ACTION REQUIRED	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED 3/14/2009	ACTION REQUIRED	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED 3/12/2009	ACTION REQUIRED	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED 3/20/2009	ACTION REQUIRED	CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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COMMAND INSPECTION PROGRAM EXCEPTIONS DOCUMENT

Page 1 of 3

Command: Oroville Area	Division: Valley	Chapter: 12
Inspected by: Sgt. Robert R. Nevins / #13603		Date: 05/13/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level	Total hours expended on the inspection: 12	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Valley Division Due Date: 05/19/2009	
Chapter Inspection:		
Inspector's Comments Regarding Innovative Practices:		

Oroville Area personnel, representing several Bargaining Units, are proactively involved in occupational safety meetings and resolution of problems that exist or are foreseen. Each member of the Area Occupational Safety Committee is expected to bring with him/her at least one issue that needs to be addressed or one problem that requires correction. The issue or problem might be a transient one or one that is already resolved. However, the issue/problem will still be discussed amongst the Occupational Safety Committee members for analysis and for future improvements.

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

Oroville Area is conducting and adhering to all occupational safety procedures and protocol per departmental policy as outlined in Highway Patrol Manual (HPM) 10.6, Occupation Safety Manual. No significant deficiencies were discovered, observed or alleged during this Command Inspection Program associated with Oroville Area's 1st quarter Occupational Safety audit.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

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COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Oroville Area	Division: Valley	Chapter: 12
Inspected by: Sgt. Robert R. Nevins / #13603		Date: 05/13/2009

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Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

N/A

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EXCEPTIONS DOCUMENT

Command: Oroville Area	Division: Valley	Chapter: 12
Inspected by: Sgt. Robert R. Nevins / #13603		Date: 05/13/2009

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Required Action

Corrective Action Plan/Timeline

N/A

P. 04

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE	DATE
	<i>Robert R. Nevins</i> FOR LT. PERLSTEIN	05/13/2009
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	INSPECTOR'S SIGNATURE	DATE
	<i>Robert R. Nevins</i> SGT.	05/13/2009
	REVIEWER'S SIGNATURE	DATE
	<i>[Signature]</i>	07/22/09

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

AREA Oroville (240)	DIVISION Valley	NUMBER
EVALUATED BY Sergeant Robert R. Nevins, #13603		DATE 04/20/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 04/24/2009	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW DATE 04/23/2009
1. GOALS AND ACCOMPLISHMENTS		EVALUATED Yes	ACTION REQUIRED No CORRECTED N/A

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?

☒ Yes ☐ No

- (1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

- (4) Are goals appropriately categorized?

☒ Yes ☐ No

- (5) Are goals realistic?

☒ Yes ☐ No

- (6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

- (7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

- b. Are goals being accomplished?

☒ Yes ☐ No

- (1) Accurate reporting on CHP 113, Accident and Injury Report?

☒ Yes ☐ No

- (2) Are accidents increasing?

☐ Yes ☒ No

- (3) Are injuries increasing?

☐ Yes ☒ No

- (4) Why are they increasing/decreasing? Occupational safety goals, suggestions on injury/illness mitigation, trends, and other accident and injury topics and issues are discussed regularly at Area training days, Area daily briefings, CHP 100 forms and other venues such as range shoots and supervisory ride-alongs (defensive driving skills and commentary driving).

- (5) Is CHP 113, Accident and Injury Report, posted or readily accessible?

☒ Yes ☐ No

- (6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

- (7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No**2. PARTICIPATION**

EVALUATED Yes	ACTION REQUIRED No	CORRECTED N/A
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- a. Commander actively involved in program?

☒ Yes ☐ No

- (1) Commander active in injury/illness case management?

☒ Yes ☐ No

- (2) What is the commander's attitude regarding occupational safety? Lieutenant William Perlstein is conscientious about Oroville Area's Occupational Safety Program and the Department's Injury and Illness Prevention Program. He is a staunch proponent of mitigating injury and illness through frequent training and education and Area Occupational Safety Meetings.

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDSEVALUATED
YesACTION REQUIRED
NoCORRECTED
N/A

a. Commander's method of identifying trends? Lieutenant William Perlstein researches and reviews CHP 121's, 208's and 270's regularly.

He consistently monitors injury and illness logs and monthly schedules to identify trends, positive and negative. He frequently speaks with his clerical and supervisory staff members to determine if changes or alterations to workplace practices, procedures or habits are necessitated.

(1) Are accidents and injuries being monitored to identify trends? ☒ Yes ☐ No(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? ☒ Yes ☐ No(3) Are personnel in the command aware of current and potential trends? ☒ Yes ☐ No

b. What corrective action has the command taken when a trend has been identified? Employees, both uniformed and non-uniformed, are routinely and regularly briefed regarding the causative factors directly responsible for or involved in illnesses, injuries, exposures, vehicle collisions/accidents, etc. Individual and group input, suggestions, strategies and discussions are strongly encouraged for future prevention.

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No**4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)**

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

N/A

a. What is the composition of the COSC? Lieutenant Commander, Occupational Safety Coordinator Sergeant, Office Services Supervisor I, Special Duty Officer, Office Assistant, Field Officer, Automotive Technician, Facilities Custodian/Janitor. Each of the Bargaining Units is represented in our COSC.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

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5. DOCUMENTATION	EVALUATED Yes	ACTION REQUIRED Yes
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g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
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(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED Yes
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(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
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(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED Yes
a. Employees aware of procedures regarding DOSH inspections?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED Yes	ACTION REQUIRED No	CORRECTED N/A
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	N/A
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

COMMAND INSPECTION PROGRAM

EXCEPTIONS DOCUMENT

Command: North Sacramento	Division: Valley	Chapter: 12
Inspected by: Sgt. Diego Flores, #12483		Date: 4/7/2009

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INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 4	<input checked="" type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: Valley Division Due Date: April 15, 2009		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:
--

Inspector's Findings:

Discrepancies were noted regarding the Command Occupational Safety Committee (COSC), Documentation, and the Area's Injury and Illness Prevention Program (IIPP). All items related to the COSC, with the exception of an IIPP revision, were immediately corrected. The primary remaining discrepancy requires a thorough revision to the Area's Injury and Illness Prevention Program (IIPP) which is underway but will take time to complete.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--

COMMAND INSPECTION PROGRAM

EXCEPTIONS DOCUMENT

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Command: North Sacramento	Division: Valley	Chapter: 12
Inspected by: Sgt. Diego Flores, #12483		Date: 4/7/2009

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

COMMAND INSPECTION PROGRAM

EXCEPTIONS DOCUMENT

Command: North Sacramento	Division: Valley	Chapter: 12
Inspected by: Sgt. Diego Flores, #12483		Date: 4/7/2009

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Required Action

Corrective Action Plan/Timeline

Section 4: Command Occupational Safety Committee (COSC)

Item 4.c.(2) COSC meeting minutes were not posted at the Area.

Corrective Action: Minutes for the latest COSC meeting were posted on the Area's Occupational Safety bulletin board. The Occupational Safety sergeant will ensure minutes are kept and promptly posted in the future.

✓ **Item 4.c.(3) The Area's Injury and Illness Prevention Program (IIPP) manual has not been updated since 2002.**

Corrective Action: The Area has begun a complete revision of its IIPP with an expected completion date of July 1, 2009.

Item 4.c.(4) The Area does not have COSC meeting minutes for the past three years.

Corrective Action: Minutes of the most recent COSC meeting have been filed and will continue to be filed henceforth.

Item 4.g.(6) The Area's Occupational Safety Board's posted goals and statistics were outdated. No COSC minutes were posted.

Corrective Action: The Area's goals for 2009 and the latest COSC minutes were posted. The quarterly/year-to-date statistics were updated.

Section 5: Documentation

✓ **Item 5.e.(4) The Area's IIPP manual is outdated and requires updating with copies of the applicable CHP 113A.**

Corrective Action: The Area's IIPP manual is under revision.

COMMAND INSPECTION PROGRAM

EXCEPTIONS DOCUMENT

Page 4 of 4

Command: North Sacramento	Division: Valley	Chapter: 12
Inspected by: Sgt. Diego Flores, #12483		Date: 4/7/2009

Section 6: Injury and Illness Prevention Program (IIPP)

- ✓ Item 6.a.(2) The Area's IIPP is outdated and requires updating with copies of all applicable required documents.

Corrective Action: The Area's IIPP manual is under revision.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 5/18/09
	INSPECTOR'S SIGNATURE Lt. D. Pence FOR SGT. D. FLORES	DATE 5/18/09
<input type="checkbox"/> Reviewer discussed this report with employee Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 8/27/09

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

AREA North Sacramento	DIVISION Valley	NUMBER
EVALUATED BY Sgt. D. Flores, ID 12483		DATE 04/03/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____	
1. GOALS AND ACCOMPLISHMENTS		EVALUATED 04/03/2009	ACTION REQUIRED No CORRECTED

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?

☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

(4) Are goals appropriately categorized?

☒ Yes ☐ No

(5) Are goals realistic?

☒ Yes ☐ No

(6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

(7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

b. Are goals being accomplished?

☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report?

☒ Yes ☐ No

(2) Are accidents increasing?

☐ Yes ☒ No

(3) Are injuries increasing?

☐ Yes ☒ No

(4) Why are they increasing/decreasing? Proactive Command Occupational Safety Committee (COSC).

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible?

☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No

2. PARTICIPATION

EVALUATED 04/03/2009	ACTION REQUIRED No	CORRECTED
-------------------------	-----------------------	-----------

a. Commander actively involved in program?

☒ Yes ☐ No

(1) Commander active in injury/illness case management?

☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? The Area commander and management team support and proactively promote occupational safety for all employees at all levels.

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS

EVALUATED

04/03/2009

ACTION REQUIRED

No

CORRECTED

- a. Commander's method of identifying trends? The Area commander focuses on identifying trends related to accidents and/or injuries by collaborating with COSC members at quarterly meetings and staff meetings to immediately mitigate trends through counseling, documentation, and remedial training.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. What corrective action has the command taken when a trend has been identified? Immediate intervention (i.e., correction), briefing and training.		

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AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

EVALUATED

04/03/2009

ACTION REQUIRED

Yes

CORRECTED

a. What is the composition of the COSC? Representatives from each bargaining unit and all levels of the chain of command.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☐ Yes ☒ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☐ Yes ☒ No

(3) Are minutes included in IIPP file?

☐ Yes ☒ No

(4) Minutes maintained current year, plus three?

☐ Yes ☒ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED 04/03/2009	ACTION REQUIRED Yes
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED 04/03/2009	ACTION REQUIRED Yes	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED 04/03/2009	ACTION REQUIRED No	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED 04/03/2009	ACTION REQUIRED No	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(5) Training documented?	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No	
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED 04/03/2009	ACTION REQUIRED No	CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Employees trained on use and maintenance of equipment?	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Training documented?	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No	

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Grass Valley	Division: Valley	Chapter: 12
Inspected by: M. Whiting, 12888		Date: 3-10-09

Page 1 of 2

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 3	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Valley Division Due Date:		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

General safety practices are standard and in line with departmental policy.

Command Suggestions for Statewide Improvement:

Inspector's Findings:

Overall, Area personnel are conducting their work activities in a safe manner.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

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Page 2 of 2

Command: Grass Valley	Division: Valley	Chapter: 12
Inspected by: M. Whiting, 12888		Date: 3-10-09

Required Action
Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 
	INSPECTOR'S SIGNATURE 	DATE 5-21-09
<input type="checkbox"/> Reviewer discussed this report with employee	REVIEWER'S SIGNATURE 	DATE 07/21/09
<input type="checkbox"/> Concur <input type="checkbox"/> Do not concur		

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY
CHP 453M (Rev. 5-06) OPI 009

AREA GRASS VALLEY	DIVISION VALLEY	NUMBER 230
EVALUATED BY M. WHITING 12/11/08		DATE 3/10/09

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW C. Whitman DATE 3/16/09
		EVALUATED <input checked="" type="checkbox"/>
		ACTION REQUIRED <input type="checkbox"/>
		CORRECTED <input type="checkbox"/>

1. GOALS AND ACCOMPLISHMENTS

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?
- (1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No
- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No
- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No
- (4) Are goals appropriately categorized? ☒ Yes ☐ No
- (5) Are goals realistic? ☒ Yes ☐ No
- (6) Are goals consistent with departmental objectives? ☒ Yes ☐ No
- (7) Is input from all levels considered before goals are established? ☒ Yes ☐ No
- b. Are goals being accomplished? ☒ Yes ☐ No
- (1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No
- (2) Are accidents increasing? ☒ Yes ☐ No
- (3) Are injuries increasing? ☒ Yes ☐ No
- (4) Why are they increasing/decreasing? **REFER TO ATTACHED NARRATIVE.** ☒ Yes ☐ No

- (5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No
- (6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No
- (7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION

- a. Commander actively involved in program?
- (1) Commander active in injury/illness case management? ☒ Yes ☐ No
- (2) What is the commander's attitude regarding occupational safety? **THE COMMANDER SUPPORTS AND ENCOURAGES THE PROGRAM.** ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3. ACCIDENT AND INJURY TRENDS	EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED <input type="checkbox"/>	CORRECTED <input type="checkbox"/>
a. Commander's method of identifying trends?	REFER TO ATTACHED NARRATIVE		
(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. What corrective action has the command taken when a trend has been identified?	N/A		

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No**4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)**

EVALUATED

ACTION REQUIRED

CORRECTED

✓

a. What is the composition of the COSC?

REFER TO ATTACHED NARRATIVE.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

N/A

☐ Yes ☒ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

N/A

☐ Yes ☒ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED <input type="checkbox"/>
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED ✓	ACTION REQUIRED	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED ✓	ACTION REQUIRED	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED ✓	ACTION REQUIRED	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED ✓	ACTION REQUIRED CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

CHAPTER 12 INSPECTION OCCUPATIONAL SAFETY GRASS VALLEY AREA

Summary

On March 10, 2009, a formal Chapter 12 Inspection (Occupational Safety) was conducted in the Grass Valley Area by Sergeant Whiting, # 12888.

1: Goals and Accomplishments

The Grass Valley Area was found to have an overall impressive safety record. There was increase in reportable collisions and disabling injuries. The two disabling injuries were non-preventable.

b (4): The Grass Valley Area discusses safety issues with everyone in the command during training days and in daily briefings.

2: Participation

The Grass Valley Area has active participation from every member of their Area including the Commander. An example of active participation by management is that on a monthly basis, the sergeants write a safety tip on every officer's CHP 100 form. In addition, the Occupational Safety Board is located in a prominent position in the Area's briefing room.

3: Accident and Injury Trends

For the past three years, the Grass Valley Area has experienced one preventable patrol car collision. Any potential trends are discussed in briefing and at the COSC.

- a. The Commander actively reviews the CHP 113 along with the OSHA 300 log on a monthly basis. This report not only identifies all of the accidents occurring in the Area it also displays the causes for the accident. Patterns are easily identified. The Commander ensures the problem areas are addressed with additional enforcement.

4: Command Occupational Safety Committee (COSC)

The COSC consists of one person from each collective bargaining unit. The last meeting was held on January 14, 2009. The previous meeting was held on October 08, 2008. The minutes were readily available.

a(7): The Area is currently achieving its goals, therefore no additional meetings are required or necessary.

c(1): Currently, the Area Coordinator, Sergeant Whiting, completes the meeting minutes and submits them to the Commander for his review and approval.

5: Documentation

The Area's documentation is completed in a timely manner in accordance with Departmental Policy.

6: Injury Illness Prevention Program

The Area IIPP is located in the Sergeant's Office in the Area Occupational Safety Binder. All employees are aware of its location and contents. The CHP 712a were all accounted for and are current.

7: Communication with DOSH

The Grass Valley Area is aware of procedures regarding DOSH inspections and has all documents readily available for review.

8: Hazardous Substance Program

All hazardous materials were properly identified and labeled. The Material Safety Data Sheets were located in a binder in the ASM's office.

9: Hazardous Exposure Control Programs

The Grass Valley Area is in compliance with the Department's policy regarding this item.

Matt Whiting, 12888
Sergeant

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Gold Run	Division: Division	Chapter: 12
Inspected by: Sgt. Paul Wolowic		Date: 04/07/2009

Page 1 of 3

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 3	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:		
Due Date:			
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

The Gold Run Area has installed a second mesh grill on the front of the siren / public address speaker housing on the patrol vehicles to allow operation during severe winter storms. The two plates are separated by a half inch spacer. The two plates prevent the siren and PA from being muted as freezing snow builds up on the outer grill.

To enhance the safety of all personnel and the public during freezing conditions, the Area procures salt from the Whitmore Caltrans maintenance facility to apply to the pavement on public walkways, in the secure parking lot and at the gas pump island.

Command Suggestions for Statewide Improvement:

The command's occupational safety program works well for the size of the command. The command continues to enjoy an excellent occupational safety record. The area has not experienced a preventable injury or a preventable collision from January 2008 to date.

Inspector's Findings:

- The command level inspection found that Area's Occupational Safety Program is effective. The Commander is a strong advocate of the occupational safety program. He attends the occupational safety committee meeting and discusses safety issues during area training days. Area sergeants address occupational safety issues monthly on the officer's 100 forms.
- Officers participating in practical exercises during Area training days are required to wear the utility uniform. The ballistic vest is required for range operations. Eye and ear protection is provided.
- Required hazardous material placards are posted and a mandated eye wash station was recently procured for the garage area. Work stations are organized for efficiency and comfort. The Auto Technician and Janitor follow safe work practices and wear protective gear as needed.

COMMAND INSPECTION PROGRAM

EXCEPTIONS DOCUMENT

Page 2 of 3

Command: Gold Run	Division: Division	Chapter: 12
Inspected by: Sgt. Paul Wolowic		Date: 04/07/2009

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Gold Run	Division: Division	Chapter: 12
Inspected by: Sgt. Paul Wolowic		Date: 04/07/2009

Page 3 of 3

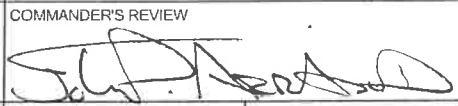
Required Action
Corrective Action Plan/Timeline

No corrective action required.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 4/1/09
	INSPECTOR'S SIGNATURE 	DATE 6/1/09
<input checked="" type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 07/21/09

Gold Box		NUMBER
AREA 221	DIVISION Valley	
EVALUATED BY Sgt. Paul Wolowic		DATE 04/07/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 04/07/2009
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report BY	COMMANDER'S REVIEW  DATE 4/13/09
1. GOALS AND ACCOMPLISHMENTS		EVALUATED Yes
		ACTION REQUIRED No
		CORRECTED N/A

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?

☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

(4) Are goals appropriately categorized?

☒ Yes ☐ No

(5) Are goals realistic?

☒ Yes ☐ No

(6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

(7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

b. Are goals being accomplished?

☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report?

☒ Yes ☐ No

(2) Are accidents increasing?

☐ Yes ☒ No

(3) Are injuries increasing?

☐ Yes ☒ No

(4) Why are they increasing/decreasing? The area is comprised of generally senior personnel. Officers quickly gain expertise with winter storm operations and build on previous experience. The incidence of preventable injuries and accidents is low. Good officer safety practices are reinforced during Area training days and on monthly 100 forms.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible?

☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No

2. PARTICIPATION

EVALUATED Yes	ACTION REQUIRED No	CORRECTED N/A
------------------	-----------------------	------------------

a. Commander actively involved in program?

☒ Yes ☐ No

(1) Commander active in injury/illness case management?

☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? Lieutenant Arrabit is a strong advocate of the Area's occupational safety program. He promotes the command's annual fitness challenge and believes that physical fitness is a major component in preventing illness and injury.

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

HP 453M (Rev. 5-06) OPI 009

(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

N/A

- a. Commander's method of identifying trends? Lieutenant Arrabit reviews all CHP 121's, 208's and 270's. If a common thread is involved in any of these cases, then work practices or procedures are changed accordingly.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. What corrective action has the command taken when a trend has been identified? Officers are routinely briefed as to the causative factors involved in injuries and vehicle accidents. Group input and discussions are encouraged to prevent future incidents.		

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No**4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)**

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

N/A

a. What is the composition of the COSC? Commander, Occupational Safety Sergeant, Officer Supervisor, Special Duty Officer, Auto

Technician, Area Janitor.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☐ Yes ☒ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

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AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY
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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED Yes	ACTION REQUIRED No
		CORRECTED N/A
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED Yes	ACTION REQUIRED No	CORRECTED N/A
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED Yes	ACTION REQUIRED No	CORRECTED N/A
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED Yes	ACTION REQUIRED No	CORRECTED N/A
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION

OCCUPATIONAL SAFETY

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(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED Yes	ACTION REQUIRED no	CORRECTED N/A
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 1 of 3

Command: (223) Donner	Division: Valley	Chapter: 12
Inspected by: Sgt. Bousquet		Date: 03/17/09

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level X Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 8	X Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes X No	Forward to: Due Date:		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

Practices in place are standard for a scale facility.

Command Suggestions for Statewide Improvement: suggestions for statewide improvement.
--

Inspector's Findings: Occupational safety programs at the area level met or exceeded the Department's expectations.
--

Commander's Response: X Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged,)
--

STATE OF CALIFORNIA
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COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2 of 3

Command: (223) Donner	Division: Valley	Chapter: 12
Inspected by: Sgt. Bousquet		Date: 03/17/09

Required Action
Corrective Action Plan/Timeline

All issues noted during the inspection have been corrected. In order to ensure continued compliance a re-inspection will be conducted during the first quarter of 2010.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 5/18/09
	INSPECTOR'S SIGNATURE 	DATE 5-18-09
<input checked="" type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 5/24/09

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 3 of 3

Command: (223) Donner	Division: Valley	Chapter: 12
Inspected by: Sgt. Bousquet		Date: 03/17/09

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 1 of 3

Command: Donner Pass IF	Division: Valley	Chapter: 12
Inspected by: Sergeant Bousquet		Date: March 17, 2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: <u>Valley Div.</u>		
Due Date: <u>5/14/09</u>			
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

All practices are consistent with inspection facilities Statewide.

Command Suggestions for Statewide Improvement:

There are no suggestions for any Statewide improvement as the inspector found that all aspects were in compliance with procedures.

Inspector's Findings:

Any discrepancies found were immediately corrected within the standards of policy.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

None.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

COMMAND INSPECTION PROGRAM

EXCEPTIONS DOCUMENT

Page 2 of 3

Command: Donner Pass IF	Division: Valley	Chapter: 12
Inspected by: Sergeant Bousquet		Date: March 17, 2009

None.

STATE OF CALIFORNIA
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COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 3 of 3

Command: Donner Pass IF	Division: Valley	Chapter: 12
Inspected by: Sergeant Bousquet		Date: March 17, 2009

Required Action
Corrective Action Plan/Timeline

All discrepancies were corrected immediately upon discovery.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE	DATE
	INSPECTOR'S SIGNATURE <i>Sergeant Bousquet</i>	DATE 5-17-09
<input checked="" type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE <i>Will Weill Lt.</i>	DATE 5/14/09

Department of California Highway Patrol
AREA MANAGEMENT EVALUATION
 Chapter 12
 OCCUPATIONAL SAFETY

Area
223

Division
Valley

Number
223-09-001

Evaluated By Sgt. Bousquet

Date 3/17/09

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed in the Summary Statement. The Summary Statement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Summary can be handwritten if desired.

Type of Evaluation

☐ Formal

☒ Informal

Suspense Date

Follow-up Required

☐ Yes

☒ No

☐ Correction Report
by _____

Will. W. Bousquet Lt. 5/4/09

Commander's Review

Date

1. GOALS AND ACCOMPLISHMENTS

Evaluated

☒

Action Required

☐

Corrected

☐

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Chapter 13?

☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

(3) Are illnesses and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

(4) Are goals appropriately categorized?

☒ Yes ☐ No

(5) Are goals realistic?

☒ Yes ☐ No

(6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

(7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

b. Are goals being accomplished?

☒ Yes ☐ No

(1) Accurate reporting on CHP 113?

☒ Yes ☐ No

(2) Are accidents increasing?

☐ Yes ☒ No

(3) Are injuries increasing?

☐ Yes ☒ No

(4) Why are they increasing/decreasing? N/A

(5) Is CHP 113 posted or readily accessible?

☐ Yes ☒ No

(6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No

AREA MANAGEMENT EVALUATION
Chapter 12
OCCUPATIONAL SAFETY

2. PARTICIPATION	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Commander actively involved in program?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Commander active in injury/illness case management?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) What is the commander's attitude regarding occupational safety?			
See narrative on Page 7.			
(3) Occupational safety issues discussed at staff meetings and training days?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Do they have the appropriate attitude?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are employees involved in their case management?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are they aware of the command's achievements?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(8) Is employees' equipment properly used and maintained?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. ACCIDENT AND INJURY TRENDS	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input checked="" type="checkbox"/>
a. Commander's method of identifying trends?			
See narrative on Page 7.			

AREA MANAGEMENT EVALUATION
Chapter 12
OCCUPATIONAL SAFETY

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, OSHA 200 Log entries, prior meeting minutes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. What corrective action has the command taken when a trend has been identified?		
See narrative on pages 7 & 8.		

(1) Is commander, the managers, supervisors, actively implementing corrective actions?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input checked="" type="checkbox"/>		
a. What is the composition of the COSC?					
See narrative on Page 8.					

(1) Is there representation from each collective bargaining unit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Management and supervisory representation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Command Safety Coordinator assigned?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are Committee assignments rotated?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC meetings held quarterly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Do all Committee members attend the meetings?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do Committee members understand their roles and responsibilities?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meeting minutes readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) assignments given during Area meetings?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Recording secretary appointed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

AREA MANAGEMENT EVALUATION
Chapter 12
OCCUPATIONAL SAFETY

(3) Are minutes included in IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate information/training regarding health and safety issues?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Does the command maintain an effective health/safety communications system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Potential hazards reported on CHP 113B?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>
a. STD 261s completed annually and filed in employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254 utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 200 Log utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year Log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION
Chapter 12
OCCUPATIONAL SAFETY

(2) CHP 113s and attachments processed in timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Does the command utilize the CHP 113A?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are semi-annual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) CHP 113A maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Are unsafe conditions identified and documented on CHP 113B?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copy of CHP 113B filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
g. Are the CHP 121 series forms thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisory comments in-depth, clear and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208 form thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is maintained with IIPP file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION
Chapter 12
OCCUPATIONAL SAFETY

(6) New employees review and complete CHP 712A?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Are unsafe conditions identified, investigated, corrected and documented?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(8) Is required documentation maintained according to policy?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. COMMUNICATION WITH DOSH	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input checked="" type="checkbox"/>	
a. Employees aware of procedures regarding DOSH inspections?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Command's documents available for review by DOSH Compliance Officer?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. HAZARDOUS SUBSTANCE PROGRAM	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>	
a. Does command have a written Hazardous Substance Program for substances used within that command?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are hazardous substances identified and properly labeled?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Warning signs posted?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Material Safety Data Sheets readily available?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Employees receive training?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Training documented?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>	
a. Activities identified within command that may require exposure to hazardous conditions?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Protective equipment provided per bargaining unit agreements?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Training documented?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

COMMENTS

1. Goals and Accomplishments:

- 1.a.(1)(2)(7) Occupational safety goals are based on past accomplishments. They are realistic and consistent with Departmental and facility objectives. Employees are encouraged to participate in the facilities occupational safety program and provide input at every opportunity.
- 1.b. Facility personnel have continued their awareness of hazards which has resulted in successfully attaining goals.
- 1.b.(5) The CHP 113 is not posted but accessible to facility personnel, due to HIPPA and personnel privacy issues.

2. Participaton:

- 2.a. The commander is actively involved in the occupational safety program. He is a member of the occupational safety committee and stresses safety at meetings, training days, and comments on 100 forms.
- 2.a.(2) The commander's attitude toward occupational safety is enthusiastic and supportive. Occupational safety is a high priority.
- 2.b.(1-7) All three of the facility sergeants are actively involved in case management and the occupational safety committee. One of the sergeants is the occupational safety committee coordinator. They document safety comments on 100 forms and annual evaluations. They have a positive attitude and monitor employees closely to ensure that safety equipment is properly used.
- 2.c.(1-8) Employees are actively involved in the occupational safety program. They work with supervision on their case management and are knowledgeable of the facilities safety goals and achievements. Employees are practicing safe work habits and report unsafe conditions. They offer suggestions for improvements which ultimately reduces hazards.

3. Accident and Injury Trends:

- 3.a. Although no trends were identified during this inspection, the Commander would take the necessary steps to identify and educate all employees on potential hazards should trends develop.

- 3.a.(2)(3) Currently the occupational safety committee is not reviewing the CHP 113 and the OSHA 200 log, due to HIPPA and personnel privacy concerns. Prior meeting minutes are reviewed. In the future, the commander and Occupational Safety Coordinator will review the CHP 113 and the OSHA 200 Log to identify previous injury/illness cases that should be discussed in an effort to identify trends. **This issue has been corrected.**

4. Command Occupational Safety Committee (COSC)

- 4.a.(1)(2) The commander, all three sergeants, office supervisor, two officers, and two CVIS's are members of the occupational safety committee. Each bargaining unit is represented as well as the management team.
- 4.a.(4) The command safety coordinator has recently assumed the duties of the position and is effective on most aspects of the job. However, the previous coordinator was not implementing all aspects of the program. All assignments were not made and roles were not clearly established. **This issue has been corrected.**
- 4.b.(1) Most of the members have a clear understanding of their roles. Some of the members did not receive directions from the occupational safety coordinator which inhibited them from performing their roles and responsibilities. **This issue has been corrected.**
- 4.b.(2) A formal agenda is not prepared or followed. Usually meetings include notes from the most recent Division occupational safety meeting, minutes from the previous occupational safety committee meeting, and new concerns. The current method has been determined to be effective for a small command operation.
- 4.c.(2) The minutes are not posted on the occupational safety board. They are transcribed and sent via e-mail to all personnel assigned to the facility.
- 4.g.(7) In the past, a specific assignment for this responsibility was not delegated. **This issue has been addressed and corrected.**

5. Documentation:

- 5.b. During the hiring and investigation process of new non-uniformed employees, a drivers license check is completed. The DMV INF 254 form is kept with the employee's service record.

- 5.e.(2) Members of the occupational safety committee are constantly informing the management team of potential safety hazards via e-mail. They have identified hazards and encouraged safe working practices.
- 5.j.(2) CHP 712A's are kept in the employee's field folders.

7. Communication With DOSC:

- 7.a.b. Employees are not aware of the procedures regarding DOSH inspections. **This issue has been identified and will be addressed at training days in the future.**

8. Hazardous Substance Program:

- 8.a.(1-6) Employees are reminded at training days, briefings, etc. of the Hazardous Substance Program. Additionally, all employees receive First Responder Awareness or Operational training annually.

9. Hazardous Exposure Control Programs:

- 9.a.(1-4) Employees are reminded to work within their level of training. Recently, all employees received training from a Caltrans Tech/Spec. regarding the protective equipment and hazardous waste containment products provided.

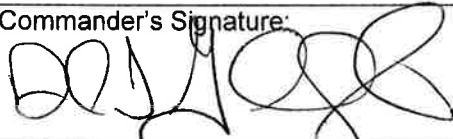
Summary:

The Donner Pass Inspection Facility's Occupational Safety program is active in promoting employee safety. All personnel are involved or kept apprised of occupational safety issues and goals. Training is provided at training days, briefings, or annually by qualified safety instructors. Although some discrepancies were noted during this informal inspection, the general requirements and spirit of the program was being followed. The issues that were identified have been resolved.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Chico Area	Division: Valley Division	Chapter: Chapter 12
Inspected by: Sergeant Bruce Carpenter		Date: 3/25/09

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans, and may be used to appeal findings. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Appeal Included <input type="checkbox"/> Attachments Included	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: _____ Due Date: _____	Commander's Signature: 	Date: 03/25/2009
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

Overall, the Area's Occupational Safety Program is running very well. There were a couple of minor issues that were found and new procedures have been put into place.

Command Suggestions for Statewide Improvement:

Recurring items should be suspended so they are completed within required timeframes.

Inspector's Findings:

Based on the results of this inspection, a couple of new procedures and practices have been implemented. First, the Area has produced a standard agenda for use at all occupational safety meetings. Secondly, the Area missed one of the required semi-annual safety inspections during 2008. The safety inspections have been added to the meeting agenda as a discussion item and a reminder has been set up in the Area's suspense system. Lastly, the Area is due to update employee safety award records to ensure all employees have received the appropriate safety recognition emblem. The Office Services Supervisor has assigned an Office Assistant to update employee safety awards.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2

Command: Chico Area	Division: Valley	Chapter: 12
Inspected by: Sergeant Bruce Carpenter		Date: 03/25/2009

Commander's Response:

I have reviewed the discrepancies and am satisfied that the procedures implemented will be sufficient corrective action. Overall, the Area's track record shows the program is effective.

Inspector's Comments:

None

Required Action

Corrective Action Plan/Timeline

A sample agenda has been created. No further correction needed.

The requirement to conduct semi-annual safety inspections was added to the Area's suspense system and also made an agenda item for each meeting. No further corrective action needed.

An office assistant has been assigned to update the employee safety awards record. The Area is in the process of updating the record. No further action is needed at this time.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

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Command: Chico Area	Division: Valley	Chapter: 12
Inspected by: Sergeant Bruce Carpenter		Date: 03/25/2009

Appeal Process: *(Appeals shall be filed within five (5) business days of the completed chapter inspection).*

Commander's Basis for Appeal:

None

Appeal Review/Decision: *(This shall be the only level of appeal).*

Lead Inspector's Signature:

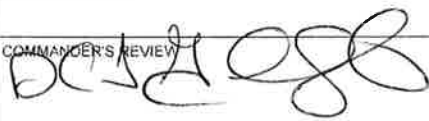
Date:

Endorsing Commander's Signature (for appeal):

Date:

AREA CHICO	DIVISION VALLEY	NUMBER 241-01-09
EVALUATED BY B. A. CARPENTER		DATE 03/24/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE			
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW  DATE 3-25-09			
1. GOALS AND ACCOMPLISHMENTS		<table border="1"> <tr> <td>EVALUATED YES</td> <td>ACTION REQUIRED NO</td> <td>CORRECTED YES</td> </tr> </table>	EVALUATED YES	ACTION REQUIRED NO	CORRECTED YES
EVALUATED YES	ACTION REQUIRED NO	CORRECTED YES			

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? ☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? ☐ Yes ☒ No

(3) Are injuries increasing? ☐ Yes ☒ No

(4) Why are they increasing/decreasing? Accidents and injuries are decreasing due to an increased awareness of sound safety practices and techniques.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION

EVALUATED YES	ACTION REQUIRED NO	CORRECTED
-------------------------	------------------------------	-----------

a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? The commander is actively involved in the COSC as the chairperson. He promotes occupational safety at Area training days and staff meetings. Occupational safety comments are required on all monthly and annual evaluations. All pertinent occupational safety information is passed on to all personnel.

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED	ACTION REQUIRED	CORRECTED
	YES	NO	

a. Commander's method of identifying trends?	
Identify command specific hazards. Evaluating each Area accident and injury in a critical manner to develop strategies for the prevention of similar incidents in the future. Comparing these incidents to past occurrences to find any and all similarities to develop viable training or corrective action.	
(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. What corrective action has the command taken when a trend has been identified? No documented injuries or collisions occurred in the past year. No identified trends or corrective action necessary.	

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)	EVALUATED YES	ACTION REQUIRED NO	CORRECTED
a. What is the composition of the COSC?			
Area Commander, Uniformed Supervisor, Uniformed Officer, Communications Center Representative, Clerical Staff Representative, ASM, and Janitor.			
(1) Is there representation from each collective bargaining unit?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Management and supervisory representation?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Command Safety Coordinator assigned?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are committee assignments rotated?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC meetings held quarterly?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Do all committee members attend the meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do committee members understand their roles and responsibilities?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meetings minutes readily available?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are assignments given during Area meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Recording secretary appointed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are minutes included in IIPP file?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate current information and training regarding health and safety issues?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Does the command maintain an effective health and safety communications system?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED YES	ACTION REQUIRED NO
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY
CHP 453M (Rev. 5-06) OPI 009

(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED YES	ACTION REQUIRED NO	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED YES	ACTION REQUIRED NO	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED YES	ACTION REQUIRED NO	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

**AREA MANAGEMENT EVALUATION
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(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED YES	ACTION REQUIRED NO
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

5(e)(1): Semi-annual safety inspections was only conducted once in 2008. Area Occupational Safety Coordinator to ensure it is conducted on a semi-annual basis in the future.

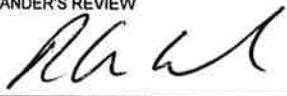
5(i)(2): Area Occupational Safety Coordinator to coordinate with Area Office Manager to update employee safety awards record and ensure all employees have received the appropriate safety recognition emblem.

AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

AREA Auburn	DIVISION Valley	NUMBER 1
EVALUATED BY J. Van Dyck		DATE 03/11/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation	SUSPENSE DATE
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No BY _____	COMMANDER'S REVIEW 
<input type="checkbox"/> Correction Report	DATE 3/11/09

1. GOALS AND ACCOMPLISHMENTS

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? ☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? ☐ Yes ☒ No

(3) Are injuries increasing? ☐ Yes ☒ No

(4) Why are they increasing/decreasing? Accidents and injuries are remaining consistent.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION

EVALUATED Yes	ACTION REQUIRED No	CORRECTED
------------------	-----------------------	-----------

a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? Captain Ward's main concerns are driving, facility use and surroundings.

**AREA MANAGEMENT EVALUATION
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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	

- a. Commander's method of identifying trends? Captain Ward reviews Occuoational Safety Accident and Injury Reports and actively discusses with managers and supervisors at the Area Satff Meetings..

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

- What corrective action has the command taken when a trend has been identified? Captain Ward discusses with managers and supervisors trends and makes suggestions regarding possible ways in eliminating problem areas.

**AREA MANAGEMENT EVALUATION
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(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

a. What is the composition of the COSC? Captain Ward, Sergeant Van Dyck, Officers M. Williams, Mendoncia, Office Assistant T. Whalen and Automotive Technician J. Van Maren.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

AREA MANAGEMENT EVALUATION **OCCUPATIONAL SAFETY**

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED Yes	ACTION REQUIRED No
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION **OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
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j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
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(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

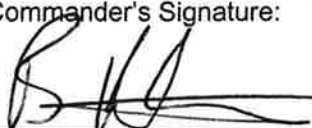
(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Amador (295)	Division: Valley	Chapter: 12
Inspected by: Sergeant R. Houdeshell, 12366		Date: 03/25/09

Page 1 of 2

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans, and may be used to appeal findings. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Appeal Included <input checked="" type="checkbox"/> Attachments Included – Inspection Check Lists	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Valley Division Due Date:	Commander's Signature: 	Date: 3/26/09
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

Introduction

- From March 25, 2009, to March 26, 2009, the Amador Area conducted a comprehensive evaluation of the Command's Occupational Safety program as required by Chapter 12 of HPG22.1 to ensure compliance with departmental policy. As part of the evaluation, the inspection team reviewed the Area S.O.P., Occupational Safety logs and forms, and AOSC meeting minutes. The inspection was completed by 1500 hours on March 26, 2009.

Prior Audits

The last prior audit of these processes was completed by Valley Division on April 24, 2000.

Summary of Findings

- No discrepancies were noted during the inspection. All documentation and processes appear to be in compliance with departmental policy and procedures, as well as with legal statutes.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Amador (295)	Division: Valley	Chapter: 12
Inspected by: Sergeant R. Houdeshell, 12366		Date: 03/25/09

Page 2 of 2

Commander's Response:

The Amador Area Commander has been apprised of the findings of this inspection.

Inspector's Comments:

The inspector believes the Amador Area OSC, and command follow the goals of the Department in minimizing the risk of injuries to employee's by ensuring the Amador Area is a safe place to work.

Required Action

Corrective Action Plan/Timeline

None.

Appeal Process: *(Appeals shall be filed within five (5) business days of the completed chapter inspection).*

Commander's Basis for Appeal:

N/A

Appeal Review/Decision: *(This shall be the only level of appeal).*

N/A

Lead Inspector's Signature:



Date:

03/26/2009

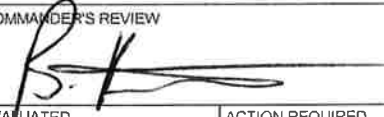
Responding Commander's Signature (for appeal):

N/A

Date:

AREA Amador	DIVISION Valley	NUMBER 295
EVALUATED BY Sgt. Houdeshell, 12366, Officer Fralick, 15107		DATE 03/26/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 03/27/2009
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW  DATE 3/26/09
1. GOALS AND ACCOMPLISHMENTS		EVALUATED 3/25/09 and 3/26/09
		ACTION REQUIRED None
		CORRECTED N/A

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? ☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? ☐ Yes ☒ No

(3) Are injuries increasing? ☒ Yes ☐ No

(4) Why are they increasing/decreasing? Injuries have increased due to the high frequency of uncooperative suspects contacted and arrested (ie...resisting arrest.)

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION	EVALUATED 3/25/09	ACTION REQUIRED None	CORRECTED N/A
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a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? Occupational Safety is a top priority. Area commander believes a decrease in occupational safety incidents heightens operational readiness.

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS

EVALUATED

03/25/09

ACTION REQUIRED

None

CORRECTED

N/A

a. Commander's method of identifying trends? Commander or designee attends the Division Occupational Safety Meetings, and attends quarterly Area Occupational Safety meetings with uniformed and non-uniformed employee's.	
(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. What corrective action has the command taken when a trend has been identified? Additional training, feedback from employee's, and implementation of reasonable recommendations made by Area occupational safety committee	

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No**4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)**

EVALUATED

03/26/09

ACTION REQUIRED

None

CORRECTED

N/A

a. What is the composition of the COSC? Area management staff, uniformed and non uniformed employee's make up the COSC in the

Amador Area.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED 03/26/09	ACTION REQUIRED None
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED 03/26/09	ACTION REQUIRED None	CORRECTED N/A
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED 03/26/09	ACTION REQUIRED None	CORRECTED N/A
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED 03/26/09	ACTION REQUIRED None	CORRECTED N/A
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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(5) Training documented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED 03/26/09	ACTION REQUIRED None	CORRECTED N/A	
a. Activities identified within command that may require exposure to hazardous conditions?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No